DOCUMENT RESUME

ED 259 262	CG 018 363
TITLE	Reauthorization of the Older Americans Act: New Jersey Perspective. Hearing before the Select Committee on Aging. House of Representatives, Ninety-Eighth Congress, Second Session (March 19, 1984, Elizabeth, NJ).
INSTITUTION	Congress of the U.S., Washington, D.C. House Select Committee on Aging.
REPORT NO	House-Comm-Pub-98-494
PUB DATE	85
NOTE	102p.; Portions of the document contain small print.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Aging (Individuals); Educational Gerontology; Federal Aid; Geriatrics; *Grants; Hearings; Individual Needs; *Older Adults; Retirement; *State Agencies
IDENTIFIERS	Congress 98th; New Jersey; *Older Americans Act 1965; Reauthorization Legislation

ABSTRACT

This document presents the transcripts of testimony and prepared statements from the Congressional hearing on the reauthorization of the Older Americans Act. Opening statements from members of the Select Committee on Aging, Representatives Matthew J. Rinaldo, George C. Wortley, and Christopher H. Smith, are presented. Background information on the Act and an accompanying chart of active and planned grants under Title IV of the Act are presented by Commissioner Lennie-Marie Tolliver, Administration on Aging. Three panels featured testimony of (1) senior citizens; (2) directors of state and area agencies on aging; and (3) representatives of geriatric education, training, and research. The appendix includes a statement from the American Association of Retired Persons, and nine statements or letters from directors and presidents of local senior citizens clubs, councils, associations, and services outlining the priorities of older Americans (e.g., transportation, health, psychological, and nutritional needs). (KGB)

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REAUTHORIZATION OF THE OLDER AMERICANS ACT: NEW JERSEY PERSPECTIVE

ED259262

HEARING

BEFORE THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

MARCH 19, 1984, ELIZABETH, NJ

Printed for the use of the Select Committee on Aging

Comm. Pub. No. 98-494

CG 018363

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REAUTHORIZATION OF THE OLDER AMERICANS ACT: NEW JERSEY PERSPECTIVE

FRIDAY MARCH 19, 1984

House of Representatives,
Select Committee on Aging,
Elizabeth, NJ.

The committee met, pursuant to notice, at 9:25 a.m., at the city council chambers, Elizabeth, NJ, Hon. Matthew J. Rinaldo (acting chairman of the committee) presiding.

Members present: Representatives Rinaldo of New Jersey, Wortley of New York, and Smith of New Jersey.

Staff present: John Vihstadt, minority counsel.

Mr. Rinaldo. This hearing of the House Select Committee on Aging will now come to order. I am going to call on my dear friend, Mayor Thomas Dunn, who will give an opening statement and welcome everyone here. I want to express my gratitude on behalf of myself and the members of the committee for the mayor's help in seeing that these fine arrangements were made for this hearing to be held in the historic city of Elizabeth. Mayor Dunn.

STATEMENT OF HON. THOMAS DUNN, MAYOR, ELIZABETH, NJ

Mayor Dunn. Thank you, Congressman Rinaldo. The only reason they call on me is to check the microphones and make sure the lights work, and to welcome you to the historic city of Elizabeth.

Congressman Rinaldo, who represents this area; Congressman Smith and Congressman Wortley, and Dr. Tolliver, who is the Commissioner, I extend a warm word of greeting to you and to other political and governmental dignitaries. Should have that in reverse order. And those of you who have taken the time to come here and to participate in this very, very important committee meeting. I welcome you to the city of Elizabeth. Those of you who may be visiting for the first time or those of you who have not been back here in a long time.

We are very proud of the fact that Congressman Rinaldo saw fit to single out our city to conduct this public hearing. That does not happen too often. As far as I am concerned, in not having enough meetings in the county seat of counties like Union County, from our State and our Federal representatives because we feel that an urban city like ours can be of great value in imputing into all legislation things that we know and learn from experience should be considered when our legislators start writing new laws.

I have a particular interest in the aging because I am at that point in life when some of my political adversaries are suggesting that I am too old to be the mayor of the city of Elizabeth, although I think that the job that President Reagan is doing at age 72, for someone who is a decade younger than the President of the United States, I should be not too feeble to be discounted as the mayor of an urban city.

I have been the mayor for 20 years now, and I would like to think that we have been doing a good job in the city of Elizabeth, in saving ourselves from some of the serious problems that plague other big cities, namely, financial problems. However, we have a particular interest in legislation. We have a particular interest in the senior citizens, our older Americans. And we are very concerned about legislation that might be enacted in the future affecting them. And we are interested in amending some legislation that is already on the books to betterment of that legislation.

On Saturday, I had the very happy privilege of cutting the ribbon, if you will, at the opening of a brand, new senior citizens project, home, apartments, complex, whatever you might want to term it, here in the city of Elizabeth. It is absolutely gorgeous. Architecturally speaking, functionally speaking, it is probably the nicest of the many that we have in the city of Elizabeth. Naturally because it is the newest, it might be considered the best. But we have always provided very fine housing for our older American citizens here in the city of Elizabeth, with the help of our Federal representatives in Washington.

On Saturday I could not help but recall the fact that it is only through cooperation on such projects, in providing new housing for our older citizens, that things can be brought about. Without the cooperation of people on the Federal level, we just cannot get anything done.

I did not mean to mention this today, but a good example of that, is more than 20 years ago in our city, we made a pact, almost in blood, if you will, between Congress, our board of freeholders, and local government, to do something about curbing the Elizabeth River, which had taken many of our lives and destroyed millions of dollars of property here in the city of Elizabeth. Now that was more than 20 years ago when this pact was entered into. Plans started immediately. And now 20 years later, after about 3 or 4 years of actual construction, we are beginning to see a dream become a reality.

And in another year or so, the project will be completed. It not only will be a great thing as far as saving property values, it is going to, I am sure, save lives that might have otherwise have been lost, and it is going to add recreational facilities to our city, as well as improve property values on the esthetics of our town.

I use that only as an example of pointing out the need for cooperation between local government and those on the higher levels. And that is what this meeting is all about today.

And I know that it is going to be a productive meeting. I am sure that Dr. Tolliver is going to have a very important message to give to the Congress and to the people of the United States and that is why we are here. I am sure I have no right to speak for the representatives, but I do know they want to hear from each and every one of you who have something to say, and that is what government is all about.

And it is indeed a pleasure for me, and a privilege for me, to welcome each and every one of you to the city of Elizabeth and the city council chambers of city hall here in Elizabeth. Welcome.

STATEMENT OF REPRESENTATIVE MATTHEW J. RINALDO

Mr. RINALDO. Thank you very much, Mayor Dunn. And once again, thank you for your cooperation. We have a close working relationship with the mayor, and I certainly want to second his statement when he spoke about the financial condition of the city of Elizabeth, because if you go to this State or any other State and compare cities of the same size, then you can see, people can readily see, that Elizabeth is a city that despite all the urban problems that afflict it and every other city this size, is a city that is on the move again, and that is largely through the efforts of Mayor Dunn and his administration.

Before we get into the witnesses, I was asked to read a few important announcements. By city ordinance, there is no smoking, eating or drinking of anything in the council chamber. The rest rooms are located on this floor, immediately outside the chambers. And for the benefit of people who want to testify, time constraints force us to limit the number of witnesses today. However, I personally feel that it is important to hear from as many individuals and organizations as possible about the Older Americans Act. Therefore, I want to encourage every one of you, if you have a statement, to submit a written statement of your views to me. If you do not have it, you can send it to Washington, and all the statements that we receive will be included in the official hearing record just as if they were read here today and just as if you testified.

We have already received statements from the Franklin Park Senior Citizens Club, New Jersey AARP and Farley Towers, which is another senior citizens home located right here in Elizabeth.

In addition, I would like to mention that when we get into the panels, each panel member should plan on testifying for no more than 5 minutes. If you have written testimony, it will be included, in full, in the record. And if you want to summarize it, you are certainly welcome to do so.

And now, without objection, I will leave the hearing record open for 30 days, so that additional testimony may be submitted. If anyone is unaware as to the procedures to submit additional testimony, just simply write to me at the Select Committee on Aging, 606 House Annex No. 1, Washington, DC 20515. Your views will be very helpful to this entire committee, to the full committee, as we consider this important legislation.

I should point out that we expect the Older Americans Act to be reauthorized in May. This is one of several hearings apart from the initial hearing in Washington, on this important subject. As ranking minority member of the committee, I certainly am one of the strongest supporters in Congress of the Older Americans Act. And I say that, because in my view, the Older Americans Act is perhaps the single most successful law on the books today that benefits the elderly.

Since its inception in 1965, the act has grown from a $6.5 million demonstration project, to a $1 billion a year network of essential social services. The New Jersey Division on Aging, and the 21 county offices on aging across our State, received over $31 million in fiscal year 1984.

Let me tell you some of the other benefits of this act. In New Jersey we have 224 nutrition sites in every corner of the State, and last year they served over 3.6 million meals; 1.5 million meals were delivered to the homebound, people who could not get out of their house and go to the centers. Nearly 300,000 older New Jerseyites received transportation, legal services, home care, and other supportive services. Aging service providers are better trained than ever before. Nearly 1,900 older New Jerseyites have part-time jobs through title V of this act.

And this act is really a success because of the dedication of individuals, many of them senior citizens themselves, who have combined forces in a Federal, State and local partnership that is so vital to the success of this act. And they are working together for older Americans.

Certainly the graying of America presents all of us with new challenges in New Jersey alone, while our population grew 2.7 percent between 1970 and 1980, the population of those 60 and older leaped 21.3 percent. By the year 2000, it is estimated that the percentage of New Jerseyites over 60 will grow from the current 16.7 percent to 18½ percent. Right now nearly 1.3 million citizens of this State are over age 60. Yet when you take a look at the legislation on the books, we are able to serve only a fraction of those eligible for benefits and services.

Too many senior citizens all over this State are without adequate transportation. As the president of the Franklin Park Senior Citizens Club stated in a recent letter to me, "Nutrition sites are wonderful, but if our senior citizens cannot get to them, the program will fail." Too many of our elderly throughout the State are lacking decent, affordable health care. Too many want to work and cannot find jobs.

Mayor Dunn mentioned the very beautiful new senior citizens housing center that was opened. That's the fourth one in this city, but we still need more, because people cannot afford housing. And certainly, I am sure that that is an objective that both of us are going to work on together.

I believe that three steps are necessary to meet the growing needs of our expanding elderly population. First of all, Older Americans Act funds should be increased. And I say that as someone who is fully aware of the deficit and the problems of the deficit. But if you really analyze the Older Americans Act, it is one of the few acts, one of the few laws on the books in Washington that saves money in the long run. It saves money for the Federal Government because it helps avoid costly institutionalization.

Second, services under this act should be better targeted to those who need them most, those on limited incomes, the frail elderly, and those most at risk of entering a nursing home.

Finally, all aging programs must be better coordinated and integrated, and so this morning I look forward to hearing from our witnesses on these issues, as well as your suggestions for improving the Older Americans Act.

At this time, I am pleased to introduce one of my colleagues on the committee, Congressman Chris Smith of New Jersey's Fourth District.

STATEMENT OF REPRESENTATIVE CHRISTOPHER H. SMITH

Mr. SMITH. Thank you, Mr. Chairman. First of all, I want to commend you for convening this hearing. As you pointed out, this is only the third to be held on the House side on the reauthorization of the Older Americans Act. I am glad it is being held in New Jersey, even though it is outside of my district. And I also want to commend the mayor for his great service to the people of Elizabeth and his genuine welcome extended to this committee.

I would like to welcome some of my constituents who are testifying here this morning, Mr. Carl West, who directs the Office on Aging in Mercer County is here. Mr. Jacques Lebel, of the New Jersey Division on Aging, also of my district. Mr. Floyd Tucker, who at 91 years old is the oldest title V worker in our State.

Mr. Chairman, I was first appointed to the House Aging Committee just over 1 year ago. What I have learned about the Older Americans Act in that time has convinced me that it is clearly one of the most important programs that we have in Congress. In New Jersey alone, our funding level is over $30 million. We provide nearly every conceivable service, including home delivered and congregate meals, information counseling and referral, homemaker services, legal help, employment opportunities, aid to victims of crime, transportation and social services.

This year, Mr. Chairman, Congress is scheduled to reauthorize the Older Americans Act, and I strongly support its extension. I am particularly interested in hearing our witnesses this morning so that we can learn more about the program here in our own State.

Mr. Chairman, if there are improvements that we can make to help this program in our State, I can assure our witnesses that we will return with those suggestions and do our best to incorporate them in the legislation that will soon be moving through the Education and Labor Committee. Additionally, as a Member of Congress who represents a large number of minority individuals, I am looking forward to the testimony of the Commissioner on Aging, Lennie-Marie Tolliver, Dr. Tolliver.

As I am sure most of you are aware, and I know, Mr. Chairman, you are, the U.S. Commission on Civil Rights has released a report about the Older Americans Act, and it contends that services to minority groups were falling far short of our goal. It is no secret that one of the poorest segments of our society is black women over the age of 65. Their poverty rate is well over twice the national average. Clearly, if there is one group that is in the greatest need, it is the elderly minority women. And I hope Commissioner Tolliver will shed some light on these issues and tell us what improvements can be made in the Older Americans Act.

Mr. Chairman, I am looking forward to the testimony this morning, and again I want to commend you for convening this hearing.

Mr. **Rinaldo**. Thank you very much, Congressman Smith. I would like to now introduce the third member of the panel, Congressman George Wortley, from Syracuse, NY.

STATEMENT OF REPRESENTATIVE GEORGE C. WORTLEY

Mr. **Wortley**. Thank you, Mr. Chairman. Again, Mayor Dunn, I want to thank you very much for providing the facilities for this congressional hearing. It is a handsome chamber, a very pleasant setting to launch our hearings in.

Mr. Chairman, I appreciate the opportunity to participate in this hearing, on a very important subject—reauthorization of the Older Americans Act. I want to commend you for holding these hearings and providing an opportunity for the residents of the Garden State to offer input toward making this very important program a better and a more effective public policy.

The Older Americans Act is the centerpiece of Federal legislation providing social services to low-income elderly. Five sections encompass necessary services for the elderly ranging from meals to employment.

I can assure you that Congress will reauthorize the Older Americans Act this year. This is the second hearing that we have conducted on the subject. I have received many ideas from the earlier hearing, and expect many more this morning. I believe that it is vital that we reauthorize this important act because it is responsive to the needs of our senior citizens, the people who built America and made it what it is today.

I anxiously await the testimony of today's witnesses, and I am sure each witness will bring important new ideas and suggestions for improving the Older Americans Act. These will be shared with my colleagues so that the Nation's elderly can benefit from an improved and responsive Older Americans Act. Thank you, Mr. Chairman, for this opportunity.

Mr. **Rinaldo**. Thank you, Congressman Wortley. I might mention that the Committee on Aging is one of the most important and is the largest committee in the Congress of the United States. Yet I do not know two more dedicated and active members than Congressman Smith and Congressman Wortley.

Congressman Smith from New Jersey is an expert and particularly active in the Social Security disability area. And Congressman Wortley has spearheaded and is known throughout this Nation for his expertise on elderly housing. I certainly think it shows their commitment that they have joined us in Elizabeth today.

I would now like to call on our first witness, the Honorable Lennie-Marie Tolliver. Dr. Tolliver is the Commissioner of the Administration on Aging. And I might mention she has come from Washington this morning to share her views with us and she certainly has done a tremendous job at the Administration on Aging. Probably most important to those of us from New Jersey is the fact that her parents call Trenton, NJ, their home. So welcome home, Dr. Tolliver.

STATEMENT OF DR. LENNIE-MARIE TOLLIVER, COMMISSIONER, ADMINISTRATION ON AGING

Dr. TOLLIVER. Thank you very much, Mr. Chairman. Good morning. I am happy to return to my home State to present this testimony and to hear the testimony of some of your other witnesses.

As you have just indicated, I grew up in Trenton, NJ, and my parents, now older Americans, and my brother and his family still reside in Trenton in Congressman Smith's district.

I regret that an appropriations hearing before the House this afternoon means that I will have to leave before the end of this morning's hearing. I want to thank Mayor Dunn for the very warm welcome that you have extended me.

Mr. Rinaldo and other distinguished committee members, during the past 18 years, the Older Americans Act of 1965 has been amended on nine separate occasions. Today I would like to discuss the administration's proposal for amending and extending the act. These proposals include extending those provisions of the 1981 amendments which have provided State and area agencies on aging and federally recognized Indian tribes with the flexibility to address the specific needs and concerns of older individuals in their various jurisdictions.

Title II of the Older Americans Act establishes the Administration on Aging as the principal Federal agency for carrying out the provisions of the act. These provisions also require the Administration on Aging to coordinate and assist in the planning and development by public agencies, including Federal, State, and local agencies, and private organizations of programs for older individuals with a view to the establishment of a nationwide network of comprehensive, coordinated services and opportunities for such individuals.

Mr. RINALDO. Excuse me, Dr. Tolliver, may I interrupt you for a moment? I have just been advised that some people in the rear of the chamber cannot hear you, so could you possibly pull the microphones a little closer and maybe that would solve their problem.

Dr. TOLLIVER. In my opening statement I was indicating that the Older Americans Act, which was enacted in 1965, has been amended on nine separate occasions, and I was starting to describe the various titles in the act.

Title II also describes the basic roles and functions of the Administration on Aging. Chief among these are to administer the programs authorized by Congress under titles III, IV, and VI of the act, and to serve as an effective and visible advocate for older persons within the Department and with other agencies and organizations.

The broad objectives of the act and their specific provisions are implemented primarily through a national administrative network on aging consisting of the Administration on Aging at the Federal level, State and area agencies on aging established pursuant to title II of the act, Indian tribes and the extended network which includes the agencies and organizations providing direct services at the community level.

Under title III, the Administration on Aging annually awards grants to the States to foster the development of comprehensive and coordinated service systems to serve older individuals to one, secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services; two, remove individual and social barriers to economic and personal independence for older individuals; and three, provide a continuum of care for the vulnerable elderly.

Fifty-seven State and territorial agencies receive support under title III of the act. These agencies are organizationally located in State governments, territories, and other U.S. jurisdictions, either as independent agencies reporting directly to the Governor, or as components of larger human services agencies.

The title III activities conducted in the States are based on 2-, 3- or 4-year plans, as provided for by the 1981 amendments. Four separate title III allocations are made to the States for (a) State agency administrative and advocacy activities; (b) supportive services and senior center operations; (c) congregate nutrition services; and (d) home-delivered meals.

Each State makes awards to the area agencies, based upon their approved area plans, to pay up to 85 percent of the costs of supportive services and senior centers and for nutrition services. In most cases, area agencies then arrange with public, nonprofit, and/or proprietary service providers to deliver nutrition and other services described in the area plan.

States have designated approximately 662 area agencies on aging to plan and administer title III programs. An area agency on aging may be a public or private organization, an Indian tribe, or a substate regional body. Area agencies have the major responsibility for the administration of funds for title III–B supportive services and title III–C nutrition services. Area agencies are responsible for providing technical assistance to, and monitoring the effectiveness and efficiency of, their respective service providers.

There are a total of about 10,700 persons on the staffs of area agencies, including about 2,900 older persons. The staffs are augmented by approximately 71,100 volunteers throughout the nation.

I would now like to report on some of the leadership and advocacy activities of the Administration on Aging since the President signed the current amendments to the act into law on December 29, 1981. These activities reflect this administration's concept of providing State and area agencies on aging with greater flexibility. Many of the ideas and experiences gained from these activities have been used to develop the legislative package that I will share with you today.

Over the past 3 years the Administration on Aging has implemented several major initiatives to help State and area agencies position themselves to meet increased demands for services at a time when economic recovery depends upon restraint in Federal and State expenditures.

One of the initiatives is to increase voluntary contributions from program participants. Title III regulations require that each service provider must provide each older person receiving services with a full and free opportunity to contribute toward the cost of the service. The amount of such contributions rose from $79 million in fiscal year 1981 to $100.8 million in fiscal year 1982, and increased further to an estimated $117.3 million by the end of fiscal year 1983.

A similar initiative is aimed at improving the financial management systems of State and area agencies. An important component of this initiative is the promotion of performance based contracting as a means of reducing costs and/or increasing services under title III. Twenty-six States have agreed to promote this type of contracting. A similar nutrition services productivity initiative has been launched which is aimed at obtaining a better rate of return of Federal dollars invested in both the congregate and home-delivered meals programs.

Many States use the flexibility provided under the act to employ various innovative approaches to increase productivity. Some of these successful approaches have been: One, the consolidation of meal sites while making appropriate provisions for participants to continue receiving meals at other locations; two, efficient use of USDA commodities and cash reimbursements; three, increasing levels of program income generated; four, utilization of increased numbers of volunteers; five, establishing strict performance criteria for service providers; six training in various aspects of program management; and seven, the expanded use of high technology, such as computers.

Title IV of the act authorizes a program of discretionary grants and contracts to support training and education, research and demonstration, and other activities. The primary purpose of these activities is to develop the necessary knowledge and information base to assist the Administration on Aging and the State and area agencies on aging in carrying out the goals, objectives, and program services set forth in the act.

During fiscal year 1983, the Administration on Aging supported a variety of education and training programs. For example, support was provided for recruiting persons to enter the field of aging and for training volunteers, aging professionals and members of allied professions. Awards also were made to support State agency on aging training and technical assistance needs and to encourage the recruitment, training and placement of minority individuals in the field of aging.

The Administration on Aging also supported research, demonstration and other activities in the areas of community based and family-based care, long-term care, housing and living arrangements, State data reporting systems, services in rural areas, elderly abuse, services to minorities, targeting resources, mental health, public policy options, legal and ombudsman services, intergenerational and voluntarism activities. Another major concern under title IV was the establishment and support of multidisciplinary gerontology centers. In fiscal year 1983, the Administration on Aging funded 2 more long-term care gerontology centers, completing plans for establishing 1 center for each of the Department's 10 regions.

The purpose of the title VI program is to promote the delivery of nutritional and supportive services for older Indians, comparable to services provided under title III of the act. Title VI allows federally recognized Indian tribes to apply to the Administration on Aging for direct Federal funding. Although title VI-funded services must conform with some title III requirements, the 1981 amendments to the act provide the flexibility necessary for tribal organizations to tailor services which are responsive to Indian needs, customs and cultures.

Presently, 83 tribes receive funds under title VI. Each tribe may define "older persons" for purposes of eligibility for services. Currently, 41 tribes define "older person" as age 60 or over. The remaining tribes have established a lower age for services eligibility.

Since the 1981 amendments to the act, the tribes have devoted 65 percent of the title VI funds to congregate and home-delivered meals. This program demonstrates how efficiently and effectively human service programs can be operated when sufficient flexibility is provided to those who ultimately plan for and operate programs.

I would now like to discuss the Administration's proposals for amending the Older Americans Act of 1965.

The draft bill would extend for 3 years, through fiscal year 1987, authorizations of appropriations for programs administered by the Department of Health and Human Services under the Older Americans Act of 1965. In order to increase States' flexibility to set service priorities to meet the greatest service needs in local areas, the bill provides for a single consolidated authorization of appropriations for the State Grant Program under title III of the act. The bill proposes $760,746,000 for fiscal year 1985, $781,769,000 for fiscal year 1986, and $802,414,000 for fiscal year 1987 for title III.

The Administration proposes to eliminate the separate authorizations for supportive services and senior centers, congregate and home-delivered meals and State plan administration under title III of the act; and to provide instead a single consolidated authorization for both administrative costs and service delivery under this program. All separate ceilings on spending for certain purposes would be eliminated and the Federal share of all program costs would be 85 percent.

Included in the consolidated authorization of appropriations for the State Grant Program would be an amount equal to the fiscal year 1984 appropriated amount for the cash-or-commodities meals assistance program presently administered by the Department of Agriculture under section 311(d) of the act, which would be repealed by the administration's proposals. Language will be proposed to ensure that in fiscal years 1985 through 1987, each State will receive an amount equal to their fiscal year 1984 funding for State plan administration, services programs, and USDA commodities assistance. States are given this 3-year transition to afford them additional time to adjust to the change.

We would also amend the act to provide that the population-based formula presently used to allocate funds for the services program would be used to allocate all Federal funding. The separate formula for allocating State administrative funds and the formula based on number of meals served used for distributing commodities assistance funding would be eliminated.

This proposal would allow each State to decide how much of the total Federal grant to spend on each of the above activities. However, this is not a block grant. Unlike a block grant, States would still have to provide the services authorized in the act and give all the assurances and comply with all the program management and planning requirements of current law.

The proposal would give States greater flexibility in meeting the priority needs of older persons as determined at the State and local levels. While separate titles may have been originally necessary to establish particular programs, these different categories now have the effect of hampering local and State decisionmaking.

The administration previously advanced this proposal in 1981. While the Congress did not enact the complete consolidation proposal, they did give States authority to transfer 20 percent of allotments between supportive service and nutrition programs. States have exercised this authority in a responsible manner. For example, data for fiscal year 1983 indicate that States transferred only 12 percent of their congregate nutrition services funds to other uses, such as home-delivered meals and supportive services. This proposal continues the policy of recognizing States' abilities and commitment to allocate service money properly.

A recent evaluation of the nutrition program also shows that the initial recipients of congregate nutrition services are being retained in the program, and that as they grow older and less mobile, they make use of the home-delivered nutrition services program, thus increasing State needs to transfer additional nutrition funds for home-delivered nutrition services.

For example, based on their assessments of need and local priorities, States elected to transfer $38 million in fiscal year 1983 funds out of their congregate meals programs in order to increase their levels of investment in supportive services, home-delivered meals, and State administration. The consolidation proposal would maximize the opportunities for States and localities to be responsive to changing needs.

The Cash-or-Commodities Meal Assistance Program began as a commodities program, however, the legislation was amended in 1977 to allow cash payments in lieu of commodities. Currently, most of the reimbursements under this program are in the form of cash. In fiscal year 1983, for example, 93 percent of the reimbursements were cash. Recent estimates prepared by the Department of Agriculture indicate that a comparable rate of cash reimbursements to the States is anticipated for fiscal year 1984.

The administration proposes to amend section 311 of the act to eliminate the requirement that the Secretary of Agriculture provide assistance to States in the form of cash or commodities for each meal served under their title III nutrition programs. The draft bill will retain the authority under present law for States to have the Secretary of Agriculture purchase commodities on their behalf for use in providing nutrition services.

This proposal would mean a relief from the burden of reporting to two Federal agencies. States would no longer have to coordinate this part of the program with the Department of Agriculture.

The Administration's proposals would also extend for 3 years the Federal Council on the Aging and the title VI program of grants for federally recognized Indian tribes. The latter includes an authorization of $7.5 million for fiscal year 1985 and that level of funding is requested in the President's budget. This amount will provide for increasing the number of tribes served by approximately 27.

In recognition of the continuing importance of nutrition services, the administration's proposals would also establish a new State plan requirement to help ensure that nutrition services are responsive to the needs of local communities.

Each State would be required to publish before the beginning of the fiscal year its goals as to the number of meals to be served under the program in each of the planning and service areas within the State, and the costs per meal. The State also would be required to publish after the end of the year a statement of the actual numbers of meals served and the cost of those meals. In order to give States time to comply, this amendment would become effective with the first State fiscal year beginning during Federal fiscal year 1986.

This proposal is consistent with existing legislative and programmatic trends in the use of nutrition services funds by States. In recent years states have found their authority to transfer funds between allotments useful in order to ensure that nutrition services are responsive. The establishment of nutrition services goals would be a means by which States could more flexibly direct nutrition funds to the most needy on a systematic statewide basis.

The administration's proposal would continue the direction established in the 1981 amendments to increase the flexibility under the title IV discretionary program. Such flexibility is necessary for the Administration on Aging to be in a position of responding to emerging priorities as they are identified. The proposals would continue to provide authority for grants and contracts for training and recruiting personnel for the field of aging, multidisciplinary centers of gerontology, research and development projects, demonstration projects, and national impact activities.

However, requirements to give priority to certain projects, detailed descriptions of projects and activities which may be funded, and ceilings on funding for certain purposes would be eliminated. Language is included to ensure that there is an equitable distribution of funds between research and demonstration projects serving urban and rural areas.

As it presently reads, title IV is lengthy, too restrictive, and difficult to administer. This proposal would revise title IV to make it less restrictive and more workable, and responsive to the needs of our elderly population.

Support for high priority projects will continue to be provided in fiscal year 1985. This support will include knowledge-building and technology transfer to assist and build the capacity of State and area agencies on aging. There will be more effective dissemination of existing knowledge resulting from research and demonstration programs. In addition, State and area agencies will be asked to provide for in-service training within individual local grants.

The aging network has come of age, and in our opinion does not require the amount of Federal direction or intervention it did 18 or even 3 years ago. The proposal is consistent with the administration's policies to place emphasis on services to those most in need; maintain services; and provide for technical assistance and other support to State agencies on aging. This proposal is also consistent with the policy to return decisionmaking to the level nearest the people. The proposal reflects existing trends of States to make extensive use of their legislative and regulatory authority to transfer funds between allotments. The Administration on Aging's experience over the last 3 years indicates that States have the ability to manage funds responsibly, and will generally continue to use funds for various activities in this manner.

Mr. Chairman, this concludes my prepared remarks. This administration is deeply committed to improving the quality of life for all of this Nation's older citizens. I appreciate this opportunity to share information about some of our efforts, and to present our suggestions for improving and expanding the current provisions of the Older Americans Act. I will be happy to respond to any questions which you or other members of the committee may have.

Mr. RINALDO. Thank you very much, Dr. Tolliver, for your very extensive testimony that clearly outlines and delineates the administration position.

For the benefit of my fellow committee members, in order that people can make their planes back to Washington, we are going to from here on in adhere to the 5-minute rule. That is a rule of the committee so that everyone in the audience knows what that means. It means witnesses are allowed 5 minutes and Members of Congress are each allowed 5 minutes in which to question those witnesses.

Dr. Tolliver, you serve with distinction as Commissioner on Aging in Washington and have for over 3 years now. What do you believe is the biggest challenge at AOA at the present time?

Dr. TOLLIVER. I think the biggest challenge is continuing to develop a continuum of community-based services so that we will enable the older persons who want to remain in their home or at least in the community to be able to do so.

Mr. RINALDO. Well, if that is correct, and I listened with great care to your testimony, the administration advocates consolidation of the separate appropriations for supportive services, congregate nutrition services and home-delivered meals, in order to, as you explained, give States and localities greater flexibility to meet local needs. Yet there are many people who contend that the nutrition program would suffer as a result of that consolidation and it would not be as effective and it would not reach as many people. How do you dispute or reconcile that statement with the administration's proposed goals for the reauthorization?

Dr. TOLLIVER. Well, the national longitudinal study that was completed this last summer indicated that many of the older persons have been in the nutrition program from the beginning. When they are no longer able to come to the congregate site, they frequently receive home-delivered meals. Because of their knowledge of our program and their experiences in the congregate meals program, older people request home-delivered meals when necessary. Further, I think that our service providers would certainly not want to discontinue providing the services.

If you recall from my testimony, I indicated that the plans that have to be submitted up front by the State agency, must indicate the number of meals that they plan to serve, and then at the end of their fiscal year, the number of meals that were actually served, so I think that the older persons would demand the service.

Mr. **Rinaldo**. As you know, this is our fourth hearing on the reauthorization of the Older Americans Act. If Congress should decide that consolidation of title III is too drastic, do you believe that the administration would support an increase in the transfer provision between part B and C from 20 percent to 25 percent or 30 percent as a step in the right direction?

Dr. **Tolliver**. Yes, we would, Mr. Chairman. We would support that.

Mr. **Rinaldo**. So then you are not locked into the consolidation 100 percent?

Dr. **Tolliver**. We would prefer the consolidation because of the flexibility it would give to the States and their localities, but because of our recognition of the increased need for transfer between the various allotments, we would be willing to support an increase.

Mr. **Rinaldo**. Right now title IV requires you to give special consideration to mental health, housing, long-term care and other areas in deciding how title IV funds should be spent. You are also proposing, however, to do away with those requirements. Are not some areas such as long-term care and transportation important enough by themselves to justify designation as a national aging research priority?

Dr. **Tolliver**. Mr. Chairman, as I view the statutory base of the Administration on Aging, we have a responsibility to be concerned about all facets of life that impact on the older person. And, therefore, in order for the Administration on Aging and the Commissioner, in particular, to be responsive, to be able to be responsive to emerging trends or unidentified needs, we believe that more flexibility needs to be given.

Mr. **Rinaldo**. Thank you. Let me ask you one final question before my time runs out. What would you say or what of your office's accomplishments would you say you are most proud of so far which improved the quality of life for older Americans?

Dr. **Tolliver**. There are several things. One, I think developing the long-term care gerontology center program, which means that we now have a network in place that serves all jurisdictions in this country to help develop this continuum of care, is one accomplishment.

I think another has been to heighten the awareness of the American people of the importance of intergenerational activity, and we now find that intergenerational activities are occurring in all parts of the country.

Mr. **Rinaldo**. Let me ask one more quick question, perhaps you can answer. As you know, I am a sponsor of H.R. 4785. That was introduced on February 8. It has many, provisions that conflict with the administration's proposals. Other cosponsors include Mr. Andrews, Perkins, Biaggi, Snowe, and Petri. Right now the committee is expected to begin markup in early April. The bill really makes relatively minor changes in the act, and the administration's bill, as you know, would differ in several major aspects from H.R. 4785. Are you personally or is the administration opposed to 4785, or could you live with that or with their bill?

Dr. **Tolliver**. Mr. Chairman, we are not supportive of the bill.

Mr. RINALDO. You are not supportive. What specifically would you be most opposed to in that legislation?

Dr. TOLLIVER. Really, all of the major features.

Mr. RINALDO. Would the Administration accept a compromise between their position and the legislation that we are proposing?

Dr. TOLLIVER. This is a matter that has not been discussed.

Mr. RINALDO. Well, let me say this. We certainly want to work with you. I personally and very honestly think that H.R. 4785 is, on balance, a better piece of legislation, at least as it impacts on my home State of New Jersey. And I recognize the constraint and that we cannot get everything we want in this world, but I am hopeful that the administration would bend enough so that we could come out with a piece of legislation that the members of this committee and also of Education and Labor feel meets the needs of the senior citizens of this Nation. Thank you. Congressman Smith.

Mr. SMITH. Thank you, Mr. Chairman. And thank you, Dr. Tolliver, for your very fine statement. I just have a few questions. First cf all, I am very happy that the Administration on Aging is giving increased emphasis to long-term care. As you probably know, Middlesex County is one of the approximately dozen sites nationwide to have a long-term care channeling grant and I am wondering if perhaps you could elaborate on some of the success, some of the things that have been learned from those grants for the committee. How well are they working?

Dr. TOLLIVER. The grant is up for evaluation next year so that our findings are only preliminary. This program is designed to test out case management models. There are two groups of grants. In one model they are using the basic funding from the Medicare and Medicaid programs, plus some other small amounts of funds. And in the other group, they have a larger pool of resources that are available. Part of the purpose is to demonstrate that the case management approach helps frail older people, perhaps disabled older people to be able to remain in the community in their own home. Another purpose is to test out whether or not community care is more cost effective when one compares it with the cost of nursing home care or institutional care.

In some instances, we are finding that the channeling program is more cost effective. It certainly is providing a better range of services to the older individuals and we are keeping them at home. But when we get the aggregate, we do not know yet what those figures are going to be.

Mr. SMITH. I noticed in your testimony you mentioned as one of the ways that productivity is being increased, that there is a greater emphasis on the use of volunteers. Do you know the number of volunteers participating in the problem?

Dr. TOLLIVER. Yes. We have almost 400,000 volunteers in our total program.

Mr. SMITH. 400,000 is certainly impressive. Dr. Tolliver one of the most common criticisms of title IV, research and demonstration programs, is that the information often gathers dust on the shelf and does not get communicated to the aging network and others who can most utilize it. Could you spend some time talking about how that can be improved? I noticed in your testimony you did mention that title IV is very difficult to administer, and what improvements do you think could be made in the act in terms of title IV?

Dr. TOLLIVER. I do not know that changes need to be made in the act in order to disseminate more effectively the information that the Administration on Aging has gathered. Recognizing soon after I took office that this was a problem, that there was an unmet need, I reorganized the Administration on Aging last spring, and at that time created a dissemination and technical assistance unit.

We have recently completed the development of a draft strategy that I will be sharing in a week or so with the aging leadership coalition for input from them and then will issue the particular strategy. So you will see a great deal of activity occurring over the next few months.

Mr. SMITH. Thank you for that answer. Doctor, I know that we both agree that the Congress and President Reagan have a major commitment to the Older Americans Act reauthorization and to older Americans in general. But I also know that you and your office have made some innovations, have embarked on some innovations in bringing the private sector into the care of the elderly. And perhaps you would want to elaborate on some of those for the committee.

Dr. TOLLIVER. A number of public-private partnerships have been developed by the Administration on Aging. One of our exciting projects involves a program known as OASIS [Older Adults Service and Information System], which involves the use of a wing of a large department store, of the May Co. chain. It is set up as a mini-senior center in which various cultural, social, physical activities occur. It also has a nutrition component in it.

We now have 10,000 members in the 3 stores that are located in St. Louis, over 1,000 in Baltimore, and over 1,000 in Cleveland, and expect during Older Americans Month in May, to open another facility in Los Angeles. We will continue the expansion next year.

The persons who are participating in this program are individuals who were not already engaged in our program. We also have an agreement with the retirees of Union Carbide Co. to work with us in providing technical assistance to the network, and also providing assistance to us in developing a science and technology initiative. One of these initiatives will be a modular-type bathroom that would be helpful to older and disabled people, to pregnant mothers and so forth.

Mr. SMITH. Doctor, could you for the record provide the committee with additional examples? As a matter of fact, the most comprehensive list you could provide. And without objection, I would ask that that be made a part of the record.

Dr. TOLLIVER. Yes; I will.

Mr. RINALDO. Without objection, so ordered, and the gentleman's time has expired.

[Additional material submitted by Dr. Tolliver follows:]

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of
Human Development Services
Administration on Aging

Office of Assistant Secretary
Washington DC 20201

Mr. John Vihstadt
Select Committee on Aging
House of Representatives
Washington, D.C. 20515

Dear Mr. Vihstadt:

In answer to your memorandum to Nell Ryan requesting material on the Administration on Aging's private sector initiatives for the record of the Elizabeth, New Jersey, hearing, I am enclosing the following summaries:

-- Merrill Lynch "Holiday Telephone Project";

-- Older Adults Services and Information System (OASIS); and

-- Carrier Alert Program.

Congressman Smith might also be interested in the "Brokering" grant recently awarded by AoA to the National Association of Area Agencies on Aging (N4A). In addition, the FY 1985 Office of Human Development Services Coordinated Discretionary Funds program announcement sets as one of its priority funding areas (#1.06) "Recruiting Private Sector Volunteers". I am including descriptions of these two recent undertakings for your records.

Sincerely,

Charles E. Wells
Deputy Commissioner on Aging

Enclosures

MERRILL LYNCH HOLIDAY TELEPHONE PROJECT:

AoA has made extensive efforts to stimulate private sector involvement in the provision of services to older people. The Merrill Lynch and Company "Holiday Telephone Project" has been one of our more successful collaborative efforts in this area. Since 1980, Merrill Lynch offices across the country have joined with Area Agencies on Aging and local aging service providers to hold successful "Holiday Telephone Projects." Through this project, Merrill Lynch has made it possible for them to speak to relatives and loved ones around the world free of charge. As liaison to Merrill Lynch and Company, AoA facilitated the provision of these special services to older Americans. The program is now operationalized and plans are under way for AoA cooperation on the conduct of the project during the 1984 Christmas season.

Merrill Lynch and Company sponsored the first senior citizens "Holiday Telephone Project" in 1980. On Christmas Day of that year, 200 New York senior citizens were given the opportunity to make long distance telephone calls from Merrill Lynch offices in New York City to relatives and friends anywhere in the world.

In 1982, the Dallas, Texas Merrill Lynch offices provided 200 Dallas seniors the opportunity to speak to loved ones at Christmas. By 1983, the Holiday Telephone Project had spread to 40 Merrill Lynch offices across the Nation. Merrill Lynch considered the project a success and initiated plans to conduct the project annually. During the 1983 Christmas holiday season, Merrill Lynch and Company opened its doors to over 15,000 senior citizens.

Merrill Lynch and staff volunteered their time and facilities in efforts to enrich the lives of senior citizens during the Christmas Holiday Season. Through their special efforts thousands of older Americans have experienced enriched holiday seasons; while thousands more can look forward to an enriched 1984 Christmas Holiday Season.

OLDER ADULTS SERVICES AND INFORMATION SYSTEM (OASIS)

AoA has made extensive efforts to stimulate private sector involvement in the provision of services to older people. OASIS has been one of our most successful public/private sector collaborative efforts. Under an AoA cooperative agreement the Washington University Medical School and Jewish Hospital, The May Company Department Stores and local Area Agencies on Aging are cooperating to demonstrate the effective use of non-traditional resources to provide information, educational and cultural services to older adults. Area Agencies on Aging and May Company Department Stores in St. Louis, Baltimore, Cleveland and Los Angeles cooperate to operate six OASIS Centers. May Company Department Stores donate the space and the cost of renovation for OASIS centers located in their stores; while Area Agencies on Aging cooperate with local volunteer groups to operate the centers. Over 15,000 older people are served by the six centers in operation. Plans are underway to open a new center in White Plains, New York during FY 1985. Numerous requests for assistance in replicating OASIS centers have been received. The OASIS staff at Washington University is preparing a handbook to be used by those wishing to replicate the centers.

CARRIER ALERT PROGRAM

AoA has made extensive efforts to relieve the isolation of older adults. The Carrier Alert Program has been one of our most successful efforts in this area. Through the Carrier Alert Program, letter carriers monitor the mail boxes of elderly and handicapped people for any accumulation of mail that might signal sudden illness or injury. Programs of this type bring daily reassurance into the lives of thousands of isolated older people.

The Carrier Alert Program has been institutionalized. State and Area Agencies on Aging were issued Information Memoranda with instructions for the operation of Carrier Alert Programs in their PSAs. Over 37 States are participating in Carrier Alert Programs. This voluntary reassurance and notification service for elderly and handicapped persons is co-sponsored by the U. S. Postal Services, the National Association of Letter Carriers, the United Way and the American Red Cross.

LIST OF OPD ACTIVE AND PLANNED GRANTS
Under Title IV of the Older Americans Act

RESEARCH AND DEMONSTRATIONS	START AND END DATES	FUNDING FY 1982	 FY 1983	 FY 1984	ABSTRACT
90AM0109 NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING, WASHINGTON, D.C. BROKERING: THE MISSING LINK Ray Mastalish (202) 484-7520	09/30/84- 04/30/86			$208,988	This project is designed to demonstrate how the resources of the private sector can be utilized or "brokered" to serve the needs of older persons in the areas of nutrition, transportation, energy conservation, health promotion, income and I&R, and adult day care. Six different activities including marketing research, promotion of services or products, promotion of public image, employee training, employee benefits consultation, and interpretation of market trends will be undetaken by a number of different Area Agencies.
90AM0110 AREA AGENCY ON AGING FOR NORTH FLORIDA, TALLAHASSEE, FLORIDA COUNSELING FOR ALTERNATIVE RESIDENTIAL ENVIRONMENTS (CARE) Margaret Duggan (904) 488-0055	09/30/84- 12/31/85			$51,700	The project will design a model program of housing counseling for the elderly. There will be a research and development component which will investigate the available resources and the need for counseling services as well as a service delivery component which will serve as a model that can be replicated nationwide. A software package will be developed to assist Housing Counselors in the analysis of social and financial needs of the elderly and for families of dependent elderly. A "How To" Manual will be prepared on developing housing counseling services.

PRIVATE SECTOR

Organization	State	Brief Description	Number
Chautauqua NW	Washington	Business and Seniors -- A Working Partnership	90AM0048
Martech Assoc.	Oregon	Technology Commercialization for the Aging	90AD0005
Carbide Retirees	New York	Use of Business Volunteers to help State and Local agencies	90AM0039
NVOILA	DC	Voluntarism in Action for Aging	90A1184
OASIS	Missouri	Developing Senior Center Services in Department Stores	90AT0020A
Operation Able	Illinois	Promoting Employment of Elderly Through New Computer Uses	90AD0009
Brookings Park Home Health	Missouri	Productive Employment Oppportunities for Older Persons	90AM0047

Grant #	Project Title	Grantee Organization	Name of Foundation	Amount
90-AR-0051	Home Equity Training and Information Project	National Center for Home Equity Conversion	Robert Wood Johnson Charles Stewart Mott Pieton	$76,000 25,000 10,000
R.D.#1	Development of a Guidebook to Housing Options for Older Persons	Consumers Union Foundation, Inc.	Florence V. Burden	10,000
90-AM-0027	National Bar Activation for the Elderly Project	American Bar Association	Pew	66,000
90-AJ-1001	Linking the Social Services System and the Civil Justice System	National Center for State Courts	Speas (to be used in Kansas only)	6,000
90-AD-0009	Promoting Employment of the Elderly Through New Computer Uses	Operation Able	Retirement Research	35,515
			Field, Mott, and Levi Strauss	18,812
90-AM-0060	Hospice Services for Patients Without Caregivers	Montgomery Hospice Society	Community Foundation of Greater Washington	10,000
			Graham	20,000

GRANTEE	TITLE	DESCRIPTION
U.S. CONFERENCE OF MAYORS, WASHINGTON, D.C.	GERONTOLOGICAL TRAINING FOR CITY/LOCAL OFFICIALS	The goal of this project is to provide gerontological training to local officials and personnel of city governments. It will use The goal of this project is to provide gerontological training to local officials and existing materials developed previously by the grantee with AoA model project support and the training networks of both the grantee and sub-grantee (University of Maryland).
AMERICAN OPTOMETRIC ASSOCIATION, WASHINGTON, D.C.	CONTINUING EDUCATION IN GERIATRIC OPTOMETRY	The project goal is to improve the provision of vision care for the elderly through development of continuing education training modules for practicing optometrists. Training will include familiarization with the normal processes of aging, aging network services, patient communication and vision problems prevalent among the elderly. Accreditation will be sought for Continuing Education Units at state and regional congresses of the Association and schools of optometry.
AMERICAN INSTITUTE OF ARCHITECTS FOUNDATION, WASHINGTON, D.C.	ARCHITECTURAL DESIGN FOR THE AGING: PROFESSIONAL TRAINING	The purpose of the project is to improve the ability of practicing architects to meet the environmental needs of the elderly. Objectives include the development and dissemination of a design guide, implementation of an information system reaching architects and aging service professionals, and development of a continuing education program using materials developed under the grant.

GRANTEE	TITLE	DESCRIPTION
PUERTO RICO OCCUPATIONAL THERAPY ASSOCIATION, SAN JUAN, PUERTO RICO	GERIATRIC TRAINING PROJECT	The project is to provide occupational therapists and therapy aides and other health professionals practical relevant experiences to strengthen knowledge and develop new skills in the geriatric field. The training will stress primary prevention and early intervention to ameliorate and delay the effect of the aging process. Four residential workshops and one evaluation workshop will be conducted.
UNIV. OF MISSOURI, ST. LOUIS, ST. LOUIS, MO (Formerly CEMREL)	OLDER ADULT SERVICES (OASIS)	The project "Older Adult Service of the Universityof Missouri-St. Louis" is to develop and demonstrate techniques of developing public/private partnerships using nontraditional community resources to provide informational, educational, and cultural services for older adults. Working with the Famous-Barr Department Stores in St. Louis and with other businesses and cultural, educational and service organizations, OASIS has designed, developed, and implemented the Older Adult Service and Information System (OASIS) in the Famous-Barr Stores. This effort calls for expansion of this activity, into Cleveland, Jacksonville, Baltimore and Los Angeles.
THE NATIONAL CAUCUS AND CENTER ON BLACK AGED, INC., WASHINGTON, DC	MINORITY MANAGEMENT TRAINING IN AGING PROGRAM	The program provides a 9-month management training for minority individuals - Native Americans, Hispanics, Blacks and Asian/Pacific Americans by placing them in participating host agencies within the aging network and private sector agencies.

GRANTEE	TITLE	DESCRIPTION
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION, ROCKVILLE, MARYLAND	THE ROLE OF OCCUPATIONAL THERAPY WITH THE ELDERLY	The project objectives include assessment of the knowledge, skills and competencies needed by occupational therapists in working with older people in different settings; design and development of a curriculum that meets these needs, and dissemination of educational meterials to individuals and institutions. Grantee is assuming responsibility for disseminating materials after project completion.
GERONTOLOGICAL SOCIETY OF AMERICA, WASHINGTON, D.C.	FELLOWSHIP PROGRAM IN APPLIED GERONTOLOGY	The purpose of this project is to coordinate and provide administrative support for placing academic faculty and researchers in planning and services provider agencies and organizations for short term planning applied research and technical assistence projects. Host institutions share the costs of 12 fellowship stipends.
AMERICAN ACADEMY OF PHYSICIAN ASSISTANTS, ARLINGTON, VIRGINIA	ASSESSMENT AND IMPROVEMENT OF KNOWLEDGE AND SKILLS IN GERIATRICS FOR PHYSICAN ASSISTANTS	The project objectives are to identify current knowledge and skill needs of physican assistants in working with older people, to identify curricula content matching these needs, develop modular curricula where needed, and disseminate results. Dissemination utilization activities include development of self-assessment examination questions, continuing education workshops and self-paced learning modules.

GRANTEE	TITLE	DESCRIPTION
VOLUNTEER COUNSULTING GROUP, INC., NEW YORK, NEW YORK	GERONTOLOGICAL/CHILD GOVERNANCE TRAINING SCHOOL FOR GERONTOLOGICAL/CHILD WELFARE MANAGERS	The project objectives include using private sector volunteers for skills training of purchase of service administrators, fiscal personnel and Boards of Directors. Scope including accounting, budgeting, personnel, purchasing, real estate, insurance, fiscal system, fund raising and Board of Directors recruitment for Gerontological and Child . Welfare agencies.
AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION, ROCKVILLE, MARYLAND	GERONTOLOGICAL TRAINING	The project objectives include development of a looseleaf textbook, an information booklet and audiovisual materials for speech - language pathologists, audiologists, and Aging network personnel; and faculty development for pre-service and continuing education at regional and national professional meetings.

PRIVATE SECTOR CONTRIBUTIONS TO AGING

- Merrill Lynch, Pierce, Fenner, Smith and Company. Christmas telephone project afforded over 15,000 senior citizens opportunity to talk, free of charge, to loved ones and friends around the world at Christmas 1980, 1982 and 1983.

- The May Company Department Store Chain, supports OASIS Centers in three cities, St. Louis, Baltimore and Cleveland. These mini-senior centers are set up in space donated by May Company Stores. They offer classes in arts and crafts, exercise, financial planning, legal rights and consumer education. Membership is over 10,000 in St. Louis alone. May operates with the local area agency in support of staff. Accurate dollar figure expended by May unavailable but exceeds $422,350.

  NOTE: May Company does not want this figure made public until they can verify it.

- The American Gas Association, has collaborated with AoA on a number of projects to design and disseminate educational materials about energy related health problems such as heat stress and hypothermia and their impact on the elderly. AGA supported the printing of over 500,000 fact sheets which were distributed to the elderly through our State and Area Agencies on Aging. Information Memoranda regarding hypothermia were also developed and disseminate.

  AGA also developed the slide presentation "Staying Warm" for viewing by seniors. AoA member companies purchased this 12 minute presentation and donated or loaned it to the area agency on aging.

- Becton Dickinson, supported the printing of a series of 8 background papers on hypothermia and the aged. AoA supported the initial research for these documents.

- Project VIAA, served as the catalyst for activities by the following private organizations:

  -- American Optometic Association - "Save Your Vision" Program local chapters conducted vision screenings in 36 states at over 286 sites for more than 41,841 older adults. AoA members volunteered time for this program.

-- United Neighborhood Centers - cooperated with a local speech and hearing center to:

  a. establish hearing test programs in six neighborhood senior centers in New York City;

  b. determine that 50 percent of the 250 older participants suffered some degree of hearing loss and made appropriate referrals;

  c. establish follow-up care;

  d. conduct consumer education programs on hearing loss for 500 elderly persons;

  e. complete staff training workshops at three centers and scheduled training at three additional centers; and

  f. increase the referral rate for individuals with hearing loss 50 percent over last year.

- American Dental Hygientists Association, has initiated the program "A Beautiful Smiles is Ageless" promotional and start up materials distributed, state liaisons appointed. Program is organized in Montgomery County, Maryland.

- National Council of Catholic Women, launched a model Respite Care Program in 1982. Twenty women from six Washington Archdiocese parishes were trained in conjunction with (orby) the American Nurses Association, Greater Southeast (Hospital) Center on Aging, Georgetown School of Nursing and NCOA. Program has received over $11,000 in foundation support and is in process of expanding to Florida, Michigan, Kentucky and Minnesota.

- The Council of Better Business Bureaus, sponsored a forum entitled "The Older Consumer: Today's Marketplace Challenge". University of Maryland Center on Aging, American Association of Retired Persons, House Select Committee on Aging and AoA involved in the planning. Commissioner gave keynote address.

- The Energy and Aging Consortium's "Building Partnerships" Conference, in November 1983 increased awareness of energy providers about the needs of the elderly. Some of the private sector organizations that contributed financially to the conference were: (Amounts not available)

- -- American Gas Association
- -- Edison Electric Institute
- -- Florida Power and Light Company (Miami)
- -- Peoples Gas System, Inc (Tampa and Miami)
- -- Westinghouse Electric Corporation

Other companies that have contributed to other Consortium efforts (and provided in-kind resources to conference) are: (Amounts not available)

- -- Georgia Power and Light Company (Atlanta, Ga)
- -- Exxon, USA (Houston)
- -- Puget Sound Power and Light Company (Bellevue, Washington)
- -- Wisconsin Electric Power Company
- -- Wisconsin Gas Company

OTHER PRIVATE SECTOR CONTRIBUTIONS

- o Hiram Walker and Sons (Canadian Club). Sponsored Pre-Forum reception for approximately 55 persons.

- o Upjohn Health Care Service, Incorporated. Sponsored an Older Americans Month Awards Ceremony Event.

- o Boeing Company. Printed 3,000 copies of the proceedings from the third Commissioner's Forum on Aging (May 1983-Seattle, Washington).

- o The Washington National Insurance Company. Printing 3,000 copies of the proceedings from the fourth Commissioner's Forum on Aging (November 1983-Chicago, Illinois).

PAST FINANCIAL CONTRIBUTOR (Sample)

American Association of Retired Persons
American Dietitic Association
American Optometric Association
The Elvirita Lewis Foundation
Hess and Hunt, Incoporated
Household International
International Business Machines
McDonalds Corporation
Montgomery Ward
National Can Corporation
Nutri-Systems Corporation
Open Kitchens
Retirement Research Foundation
Terra Nova Films, Incorporation
Upjohn Health Care Services
Walgreen Company

Mr. **Rinaldo**. Congressman Wortley.

Mr. **Wortley**. Thank you, Mr. Chairman. Dr. Tolliver, about how many older Americans do you feel your program serves?

Dr. **Tolliver**. In 1983, 9.1 million persons 60 and over received supportive services. Approximately 3.2 million received either a congregate or home-delivered meal.

Mr. **Wortley**. Which of the programs under title V, which provides employment and training, would you say is most effective? Green Thumb, is that the showcase program?

Dr. **Tolliver**. Since this program is administered by the Department of Labor, I would not know.

Mr. **Wortley**. I noticed a recent criticism by the U.S. Civil Rights Commission that suggested minorities are somewhat underserved by the Older Americans Act. What does the agency's own data show about service to the minority elderly?

Dr. **Tolliver**. We averaged, over the last 3 years, between 18 and 20 percent. We find that we are serving, according to the national longitudinal nutrition survey, the populations that we were intended to serve: the frail, the vulnerable, the at-risk and minorities. We are serving them in a higher percentage than they are found in the general population. However, we believe that we need to be much more active along these lines, and currently have underway a series of biregional meetings which involve the State and area agencies on aging as well as the representatives of the national minority organizations in taking a look at what can be done within their States and within their areas to improve their outreach activities.

Following the conferences, the States are asked to develop a plan for how to improve the outreach program that will then be reviewed by the regional office staff and subsequently by me. Through this way we hope that we are sensitizing people and also providing some technical assistance in terms of what they can do to improve.

Mr. **Wortley**. Are you at a point where you think you should do some specific targeting in that area?

Dr. **Tolliver**. Would you repeat the question?

Mr. **Wortley**. Are you at a stage where you believe that you should be targeting that particular area?

Dr. **Tolliver**. Yes. That was the reason for the development of the initiative. We also have supported through our policy center located at Brandeis, a study of targeting. We have had presented to us various ways that it is possible to target for various populations, and have underway consideration of some of the policy options there. We also supported a model project that was located in Florida that was looking at the intrastate funding formulas. We are finding that many of the States, recognizing a need to target scarce resources more effectively, are building in different factors than they have been able to build in before, and so we think this would be encouraging.

Mr. **Wortley**. Have you thought about putting some of those pilot programs in the Northeast, where perhaps they are needed more than they are in the South?

Dr. **Tolliver**. Well, certainly if we were to receive an application, we would consider it.

Mr. **Wortley**. You would accept proposals. Good, we will keep that one in mind.

Mr. **Tolliver**. All right.

Mr. **Wortley**. I thank you very much, Dr. Tolliver. I yield back the balance of my time, Mr. Chairman.

Mr. **Rinaldo**. Thank you, Congressman Wortley. Dr. Tolliver, I certainly want to thank you for your specific answers to the questions. I know that the members have a number of other questions. However, in the interest of time, and since I was already warned that you have a plane to catch back to Washington, I will hold the record open and we will submit additional questions in writing.

At this time I would like to thank you very much for your testimony, for taking time out from your busy schedule, to come to New Jersey where your parents live, and specifically to the city of Elizabeth where I was born and lived most of my life. And I would hope as we move along and discuss some of the demonstration programs, they can be placed in New Jersey because certainly it can very effectively serve as a model State. Additionally, I look forward to working with you in the weeks ahead, so that we can perhaps craft a piece of legislation that meets the needs and satisfies the senior citizens of this country, who have contributed so much, and at the same time improve the act and make it more beneficial. Thank you, again.

Dr. **Tolliver**. Thank you, Mr. Chairman, and I will be happy to respond to the questions that you submit.

Mr. **Rinaldo**. I would like now to call the panel of Older New Jerseyites. And I will call them from my left. The first one is Agatha "Tina" Venezia from Union, NJ; Floyd Tucker, Trenton, NJ; Frances Fisher, Somerset, NJ; and Evelyn Frank, president and director of the senior citizens council in my own county of Union.

If any members of the panel have written statements, I know Mr. Tucker has submitted one, it will be included in the record in full, and each panelist must be limited to 5 minutes, so if you have testimony that is longer than 5 minutes, it would be appreciated if you would summarize your testimony and either at this point or at a later date, if you submit written testimony, that will once again be included in full. So suppose we begin with Tina Venezia, you want to start. Mrs. Venezia is from Union, is blind and utilizes the Older Americans Act-funded transportation. She volunteers at the Oak Center, an adult day care center which receives some title III funds. You may proceed, Ms. Venezia.

PANEL ONE—OLDER NEW JERSEYITES: CONSISTING OF AGATHA "TINA" VENEZIA OF UNION; EVELYN FRANK, PRESIDENT AND DIRECTOR, SENIOR CITIZENS COUNCIL OF UNION COUNTY, NJ; FRANCES FISHER OF SOMERSET; AND FLOYD C. TUCKER, NEW JERSEY GREEN THUMB, INC., TRENTON

STATEMENT OF AGATHA "TINA" VENEZIA

Ms. **Venezia**. I am a volunteer at the Oak Center in Roselle Park. Now, this is a program for seniors, who some have Alzheimer's disease and some are just feeble minded. It is like a day care center where the children will drop them off for the day. Now, I think this program is very essential because it helps the children also, because after all they do have their parent for 24 hours a day, and it gives them a chance to do things which they normally would not do if they had them at home. And at the same time they are very happy there. I exercise them and tell them little stories, which they enjoy. And they also receive a hot meal, which is brought in by Meals-on-Wheels. And I also am a member of the visually impaired program for seniors, in Cranford, which we are picked up in a van and brought to the convent.

And they have them in three different programs. One, we either play Bingo or have some cooking or discussion groups, which gives them a chance to get out and mingle in with other people, and they look forward to these programs. So if you want to ask any questions.

Mr. RINALDO. Well, thank you very much for your testimony. We will reserve the asking of any questions until the entire panel has spoken. Ms. Frank, do you want to give your testimony at this point, please?

Ms. FRANK. Thank you.

Mr. RINALDO. I might say, before you start, that Evelyn Frank is someone who I have known for many, many years, and is the president and director of the Senior Citizens Council of Union County, and just issued the first edition of the Union County Senior News, which is going to be a periodic newspaper, that I understand will be mailed to senior groups throughout this county. You may proceed.

STATEMENT OF EVELYN FRANK

Ms. FRANK. Thank you. As president, I guess I am a consumer. As a director for our council, I guess I become a provider. I want to thank you for extending to our council the opportunity to be here today, and to testify on behalf of our senior citizens. Your hearing that you held on February 13, 1978, on nursing home care was most enlightening, and provided a good insight into the problems of nursing homes and alternatives to institutionalization.

Since the purpose of the Older Americans Act is to assist older persons attain maximum independence in a home environment to remove individual and social barriers to economic and personal independence, and to provide services and care for the vulnerable elderly, it becomes apparent that title III moneys can begin to achieve these goals when it is coordinated at the local or county level.

All programs serving the elderly, whether it is a municipal, county, Federal, community development grants, volunteer effort, service agencies, all these pieces should be known to a coordinating body in order to avoid duplication and make full use of existing services.

Because our council is part of the aging network in our county, we feel we are in a position to observe how effective coordination of programs may benefit the older population.

Our council office has a dental referral service and we do the intake, screening and referral to participating dentists who perform their dental work at a set discount fee. This is a program not using any Federal or State money to reimburse the participating dentists. Inasmuch as our eligilibity guidelines parallel the State's PAA [Pharmaceutical Assistance to the Aged], and Lifeline, we are able to counsel people who have not signed up for the State program because they did not think it would help them. Our eligibility for this program is age 60 and not 65 as in the State program. There is a gap for people between the age of 60 and 65 and our program can help.

Our council, because it has a grant from the Union County Division on Aging, meets monthly with all project directors receiving county funding. At these monthly meetings dialogue takes place on the operation of programs for older people on the county level. Discussion is held on how to assist the homebound.

An employment program, operated by our office, does a job match for seniors. Some job orders are for salespeople, security guards, supervisory positions, light maintenance, driving, typists, stockroom assistants, et cetera. Many of the job orders are for home assistance, for example, companions, home chores, home repairs. Social service agencies, who have clients in need of these services, contact our office or refer their clients to us for assistance. Counseling is often needed to counsel the family on what services are available in the county. We become aware of what could be available by learning at our monthly meetings about programs such as adult day care places, home delivered meals, nutrition sites, and the hospice programs. Our companion requests reflect the need for respite care for a family striving to care for their elderly.

We have many senior citizens taking care of their elderly parents. An over 90-year-old can still make it living alone with some support services. We can feel the desperation of a family trying to help. We have to know where to refer them to other agencies for additional information for them. There is one thing we can always give them, we can let them know that we care. We ask them to let us know how they made out. Even when we cannot get them the help they need, they know we are there and are concerned.

When a job order is placed for home assistance, we make inquiries as to health and age of the elderly and if they are being visited by a social service agency. If no agency is involved, we suggest a contact be made to the visiting nurse and health association as well as acquaint them with the homemaker/home health aide demonstration grant.

When there is a request for someone to do a companion job with a little cleaning, we will recommend they replace the home delivered meals with home prepared meals, if possible, because this would make the homebound more independent to be involved with the shopping list and the preparation.

Title III may be made more responsive to the needs of older New Jerseyites if they are well coordinated and ensure no gap exists in any of the needed services. Transportation for the older person can be better understood by the aging network and should not compete with other segments of the population.

Title V could be more responsive to the needs of older people if it were under the umbrella of, or administered by, the county division on aging. The aging network must always be ready to recommend those programs which are available to persons 60, 62, 65, or 70. Also, to be sensitive to an inquiry in order to realize whether it is a paying job that is needed, or if a volunteer position would benefit the older person, or encouragement to join a nutrition site or group.

Title V may be made more responsive to our needs by increasing the financial eligibility to a more realistic level. Also if title V were closer to the aging network, it could fund companions, et cetera, to assist the frail elderly with limited income.

Older Americans Act services, administered through the New Jersey Division on Aging and the Union County Division on Aging may be better coordinated and integrated with other Federal, State and local problems assisting the elderly by ensuring adequate funding. Perhaps there could be some mechanism for a walk-through and sign off by the division on aging on programs servicing the county's elderly.

With adequate funding, perhaps legal services could be more actively involved with assistance to our elderly, particularly the frail elderly, in order to ensure the existence of a self-proving will and the advantages of preparing a power of attorney if necessary. This assistance would give peace of mind to concerned and worried family members and greatly benefit those with no family.

I feel our county should be highly commended for their efforts to serve the older population and I know more could be accomplished with additional funding.

Thank you again for this opportunity to be part of today's hearing.

Mr. **Rinaldo**. Thank you, Ms. Frank. Our next witness will be Frances Fisher. She is, I guess, admits to 80, and lives in Somerset in subsidized housing and dines regularly at a title III nutrition site in Franklin Township.

Ms. Fisher, unfortunately, we are still getting complaints that some people in the back cannot hear, so please pull the microphones a little closer to you, and then you can begin your testimony.

STATEMENT OF FRANCES FISHER

Ms. **Fisher**. I think one of the problems is that everyone is speaking too fast.

I am Frances Fisher. I am 79 years old, and I have been in nutrition for about 6 years now. I retired 2 days after my 74th birthday, and I have been active in this whole thing for a long time. And my speech is more on the human side. Just sort of excerpts from life in the slow lane.

We are very fortunate senior citizens in Somerset County. There is so much available to us, nutrition sites, eight of them, some low income housing where I live, transportation to the nutrition sites, to the doctors, grocery shopping, to special events. We have good leaders. Ruth Reeder, who is our executive director of the office of aging, and she is with me today. Marie Robinson is the coordinator of nutrition. And another friend is Lynne Lazara, from parks and recreation. And we have good drivers on our buses and vans and good leaders at the sites. Site No. 2 is particularly lucky in having

Florence Hone as the director. She is a marvelous person and does a lot for all of us. And it is a very happy place.

Also, site No. 2, our site, is brandnew.

One of the things that is very important is the opportunity to volunteer and to feel needed. If you have no family, the nutrition sites are one big family. When you come to a nutrition site you do things often that you never did before. You have no family, we are one big family. At party times we get dressed up, Christmas, Easter, Valentine's, St. Patrick's, birthdays and so forth. They are not just days, they are events.

The question is often asked, which is more important, the housing or the food? I say the food. You can survive without a place to sleep or live but you cannot live without food, so food is No. 1 and housing is No. 2.

At the same time, more low income housing is needed in many places.

To sum things up, some changes are needed. That is always so, but this is a good place to live. For many of us, the nutrition sites, the transportation, the arts and crafts, the singers, the tender loving care, the site leaders and workers have made a great difference in our lives. And we are very happy.

Mr. RINALDO. Does that conclude your testimony?

Ms. FISHER. That is all.

Mr. RINALDO. Thank you very much. Our next witness is Floyd Tucker. Mr. Tucker is a title V employment enrollee in the State and was recently honored by Governor Kean in that regard. He is a maintenance man at a Jewish community center. Mr. Tucker.

STATEMENT OF FLOYD C. TUCKER

Mr. TUCKER. My name is Floyd Columbus Tucker. I am 91 years old and reside at 1202 Riverside Avenue in Trenton, New Jersey. I am a Green Thumb enrollee and work at the Jewish Community Center in Ewing Township as a maintenance helper.

I was told that you folks from Congress wanted to know how I feel about Green Thumb and working on it. Well, I want to thank you all for asking me. I appreciate it and I got something to say. Not too many young folks ask us older folks about anything anymore. That's a shame. They's missing out on a lot.

I don't mind talking about Green Thumb because I'm positive on it. It's been a real blessing to me. It's been mighty hard without it. Before I got on Green Thumb I practically wasn't doing nothing at all—a day here and a day there—but nothing for sure. Nothing you could count on to help a family.

But then they got me on Green Thumb and that was for 20 to 25 hours a week and with my social security, well—that was the blessing. That really helped me take care of my family. And it helped take care of my home. So I want to thank you Congressmen for that. It even has some holidays and I appreciate that.

And the people at work at the Jewish center are just wonderful to me. They share my work with me, they won't let me overdo—but Green Thumb wouldn't let me do that anyway. I do an honest day's work and they let me just do!

So I'm positive about it, that's for sure. I honor it. Because work's good for you. Retirement shortens a man's life. I been working since I was seven and I'll keep on working as long as they let me. I told the Governor Kean, I told him that those fellas that retired a long time ago—they're not around anymore. I just think life would be a real mess if a man didn't have a job to go to.

So that's about all I have to say except thank you again for asking me to talk. And thanks for Green Thumb. I'm real positive about that.

Thank you. I am ready for questions.

Mr. Rinaldo. All right. Your testimony is in the record and you want to move directly to the questions. OK, fine.

Let me begin with Mrs. Frank. I know of your extensive involvement with senior citizens, and what do you believe are the most important needs of older Union County residents today?

Ms. Frank. The need to know that there is some support for them to remain at home, to give them home supportive services. And I think that this is something that can be accomplished.

One of the things, which of course does not come under title III, is the problem of long-term care and custodial care expenses. It can just devastate a whole family.

Mr. Rinaldo. Mr. Tucker, obviously your job is very important to you. How did you find out about the Green Thumb Jobs Program? How did you obtain your job?

Mr. Tucker. Through the Green Thumb.

Mr. Rinaldo. How did you learn about the Green Thumb?

Mr. Tucker. Through the Jewish community center.

Mr. Rinaldo. That job is certainly important to you, and do you find others like yourself who want the job and cannot find work?

Mr. Tucker. Yes, there is, but I am a lucky man. I looked for work. I found it because I want to work.

Mr. Rinaldo. You walk to work every day?

Mr. Tucker. Yes, I do.

Mr. Rinaldo. How far a distance do you walk every day to your job?

Mr. Tucker. I did not quite hear that.

Mr. Rinaldo. How far do you walk to work?

Mr. Tucker. I do not walk. I drive to work.

Mr. Rinaldo. You drive?

Mr. Tucker. Yes.

Mr. Rinaldo. I thought you were going to tell us you were a marathon walker. You drive every day?

Mr. Tucker. Yes, sir.

Mr. Rinaldo. Are you still a good driver?

Mr. Tucker. I can do that.

Mr. Rinaldo. Good for you. Congressman Smith.

Mr. Smith. A couple of questions. First of all, I want to thank all of you for your testimony, and as Mrs. Fisher put it, giving us the human side of the programs that we are confident will be reauthorized, hopefully in the most suitable and responsive form.

Mrs. Frank, your dental referral service idea sounded to me like an excellent idea, and I was wondering, are other counties embarked on a similar dental referral service? And if you could also let us know, how many dentists are participating? And how many people are being served? Finally, what is the average discount for services rendered?

Ms. FRANK. I am not aware of any other dental program similar to ours. The State has a statewide senior dental program where the eligible person may get 15 percent off their bill by the participating dentist. In Union County the discount is a set fee, recommended by our council, acceptable to the Union County Dental Society who initiated the program.

As an example, an initial examination is only $6, which is quite a savings. In fact, some of the prices which they accept is very close to Medicaid.

We had up to now been only in the eastern part of Union County. We are now expanding into the western part and are seeking more dentists to participate. We feel they will.

Mr. SMITH. What would you say is the most unmet need of our senior citizens today?

Ms. FRANK. There are quite a few. I think some are very disturbed about the high cost of eye care, glasses and hearing aids which are quite an expense to them. When our council analyzed the needs, it felt that top priority should be for home support. Of course transportation is felt by more people. You know they want better transportation. That is logical. But when it comes down to real serious problems, we need to maintain them in their own home, to let them keep their independence as much as possible. And then they have the worry about the possibility of custodial care looming up at them in the future.

Mr. SMITH. I noticed on page 2 you mentioned widespread dissemination of your free newspaper within the county and the emphasis you place on outreach, on making people aware of the programs that are available. Chairman, as you well know, and I know my friend and colleague, Mr. Wortley, knows, there are so many good programs, but sadly often people are just unaware of their existence.

I was wondering Mrs. Frank, if you could maybe take a stab at what is the percentage of unmet need out there? For every one person served, how many people are not being served?

Ms. FRANK. I do not know if I could possibly guess, but I do know there are many people out there unaware that there is even a county office on aging. Many people work and suddenly they are retired and do not know what is out there. The Aging Network is set up to give them assistance. And we are hoping with our paper, we are starting out now with 10,000 in circulation. And our responsibility is to see that that paper is distributed, not only to clubs and nutrition sites, but to the isolated people who are living alone.

Mr. RINALDO. Would the gentleman yield?

Mr. SMITH. Yes.

Mr. RINALDO. What is the paper, the purpose of the paper? Is the purpose of the paper to inform senior citizens?

Ms. FRANK. Yes.

Mr. RINALDO. Of programs that are available?

Ms. FRANK. To let them know what services are available. To know that they can call up the county office on aging, call our office for information, and get referrals. To know that the council is there to be their advocate. And if there are any issues that they are concerned about, the council will pick up that issue and see what can be done about it.

Mr. **Rinaldo**. Do you think the Federal Government is not doing a good job in publicizing the programs that are available? And, if so, how do you think the Federal and State Governments can do a better job at publicizing programs that are of benefit to senior citizens?

Ms. **Frank**. I think that with both the county office on aging and our office and others like it, the average citizen knows that we are there. You may publish something and distribute it from the Federal Government, and I know they can call your office, but they have more tie-in with the seniors supplying the information, and that we are there. We are more tangible perhaps to them, and that we will fight for their causes.

Mr. **Rinaldo**. How many counties, do you know, that publish a newspaper? I am just curious.

Ms. **Frank**. I do not know whether I have seen five or six. This is just a guess based on what has come across my desk. This is our first effort. Soon we will realize the full potentiality of a newspaper.

Also, the paper will not only have information about programs and issues, but the paper will make each senior citizen know more about his own municipality. We are going to give information on what happens in each town, what health programs there are, and where they can go in their town. We are going to get right down into each community.

Mr. **Rinaldo**. Thank you very much.

Mr. **Smith**. One final comment. It was very gratifying Ms. Fisher spoke of the great service being rendered in Somerset by the people overseeing the programs there and she said there is a great difference in our lives and they are very happy, and I think that is what this is all about in trying to provide the most compassionate and needy care for our older Americans, and we do appreciate your testimony and for taking the time to come here.

Mr. **Rinaldo**. Thank you. Congressman Wortley.

Mr. **Wortley**. Thank you, Mr. Chairman. This panel gives me great heart. I see Mrs. Frank out here, who I consider to be a fellow newspaper publisher, because I am a newspaper publisher myself in upstate New York. I commend you for getting out the good news. And I see Mr. Tucker over here who looks so hail and hearty obviously work agrees with you. I commend you for it.

Tina, I personally think you are very a special person. So many people who have a handicap like you would be on the receiving end, but there you are out there on the giving end, caring about other people and trying to assist them. That is such a commendable trait I wish there were more and more people in this world just like you.

You know, Mrs. Fisher, your graciousness and gratefulness this morning remind me of a little experience I had last summer when I went to a senior citizen picnic up in my area.

As I walked out on the grounds, it was a beautiful day; one of those nice days about 70° and the Sun was shining. The first fellow who grabbed me said:

> Congressman, do you not care about the older Americans? "I had to forego my Social Security increase the 1st of July and I have got to wait until the 1st of January and I think that is outrageous." I walked over to the next person, and he was a veteran, and he said, "You know, Congressman, it is terrible. I fought for my country and I am 75 percent disabled. I think I am entitled to more, much more. And now they want to call me in for a physical because they think I should only be allowed a 50 percent disability rating."

I went over to a third person. They were beating up on me and they wanted something more. Finally, I did go over to a table where there were six or eight elderly women.

One woman looked up to me and she said:

> Congressman, I want to thank you. You are all the good things that our Government does for us. You know, I never worked too long, but every month I get a Social Security check. And I live in a lovely house in a project up there. It is subsidized. I could not afford it if my Government did not provide it for me. And this wonderful picnic we are enjoying here this afternoon, and all this food, you know I go to those luncheons that they have regularly.

She, continued—

> If you want to pay, you can pay, and if you do not have the money, you do not have to pay. I came out here today on that bus and it did not cost me anything. Congressman, let me tell you, my mother and my father in their twilight years never lived the way I live today. And I thank you.

I sense that each and every one of the panel members has also said, "Thank you, Government, I appreciate what you are doing," I want you to know that we appreciate all the good things you are doing to help your fellow man.

I yield back the balance of my time, Mr. Chairman.

Mr. RINALDO. Thank you very much. And I certainly want to thank the panel. You have truly given us an idea of the human dimension, as you will, and how these programs do benefit people, and I am hopeful that I can keep on working as long as you, Mr. Tucker, and you certainly should be commended for what you are doing. And, Mrs. Fisher, I think it is wonderful that you can come here and testify as to how the program helps to maintain your independence. And, Mrs. Venezia, you have given us a great example of how people can successfully meet adversity. Of course, Evelyn Frank, you have always been very helpful to myself and the committee, and given us input and ideas to help senior citizens in this State and country better fulfill their lives. So thank you all very much.

Now I would like to call up the next panel of Aging Service Administrators and Providers. Our first witness will be Jacques O. Lebel. He is the director of the New Jersey Division on Aging; then we have Carl West, legislative chairman of the New Jersey Association of Area Agencies on Aging. Peter Shields, director of the Union County Division on Aging; and Norris Ellertson, director of the New Jersey Green Thumb.

Gentlemen, we have all of your testimony and it has been inserted in the record in full, so it would be appreciated if you would comply with the 5 minute rule and summarize your testimony so that we do have adequate time for questions and the remainder of the hearing witnesses. Mr. Lebel, you may begin.

PANEL TWO—AGING SERVICE ADMINISTRATORS AND PROVIDERS; CONSISTING OF JACQUES O. LEBEL, DIRECTOR, NEW JERSEY DIVISION ON AGING; PETER SHIELDS, DIRECTOR, UNION COUNTY DIVISION ON AGING; CARL WEST, LEGISLATIVE CHAIRMAN, NEW JERSEY ASSOCIATION OF AREA AGENCIES ON AGING; AND NORRIS ELLERTSON, DIRECTOR, NEW JERSEY GREEN THUMB.

STATEMENT OF JACQUES O. LEBEL

Mr. LEBEL. Mr. Chairman, I am Jacques Lebel. I am director of the New Jersey State Division on Aging. And I previously worked in the Pennsylvania and Missouri State units on aging as well.

I would like to add one personal acknowledgement of how well I feel represented by those of you who are at the head table. Certainly your leadership, Mr. Chairman, so competently representing New Jersey in the field of aging has been well documented and we sincerely appreciate it.

Mr. RINALDO. Thank you.

Mr. LEBEL. Congressman Smith who represents my own fourth congressional district, is my representative, and I was certainly very pleased to note his inclusion on the committee. And then, third, Congressman Wortley, whom I have never met before, represents a city and an area in northern New York where I received my introduction to the field of aging over a decade ago under the wing of Walter Beattie at Syracuse University. And so I feel very close to that section of the country as well. It is good to meet you.

I am pleased to appear before you today to discuss the reauthorization of the Older Americans Act. As Congressman Rinaldo pointed out, my time on your agenda is limited, so I will skip through my prepared remarks and only highlight certain specific recommendations. However, I would like to note that the prepared remarks, numerous copies of which have been provided to you, do mention a number of the national precedents that my division, the New Jersey Division on Aging has set in the past, and also a number of initiatives that we are currently involved in that we think are relevant to the Nation as a whole, and we would hope that you would make note of some of those activities, as well as the recommendations we have made.

Mr. RINALDO. As I mentioned, all of your testimony will be included in the record in full.

Mr. LEBEL. Thank you. The present amended act does not identify who is an older American. We recommend that older Americans be defined in the 1984 amendment, as those persons aged 60 years and older. We further recommend that eligibility for services and programs contained in the act be available at age 55 for all people who have physical disabilities or other recognizable barriers to regular self-sustaining employment.

We also urge that the act be amended to contain language which mandates service delivery priorities to individuals in greatest need because of low financial status or social isolation. Social isolation should be defined to include stress due to loss of family and friends, past depressed economic status or by being a member of a minority group.

We recommend that a provision be included in the act that calls for the review and comment by the designated State unit on aging of any applications from within that State for aging and aging related program funds from the U.S. Department of Health and Human Services. This will more effectively and efficiently assure the pooling and coordination of these programs for the benefit of the elderly. The same review process should be mandated at the area agency level. Such a requirement adds no real authority to the network, but increases greatly the network's ability to coordinate and to avoid duplication of effort.

Advocacy is extremely important, and toward that end a number of specific recommendations are included in my full testimony. Among those recommendations are the following:

That there be mandatory public hearings on the State and area plans; that periodic assessment of the needs of older persons be required at the State and the area agency level, and that public hearings be a mandatory part of such assessments; that there be fulltime staff, as well as a fulltime director, at the State and area agency level specifically assigned to administer the Older Americans Act programs; that there be legislatively mandated State advisory councils on aging with a majority representation of older persons, both male and female, proportionately reflective of the ethnic, social and religious backgrounds of the area; that the State units and area agencies have proven and effective affirmative action plans in operation.

The act should also contain a provision which provides discretionary funds that the Administration on Aging would use to support grants to State units on aging, similar to the Section 308 Model Project Program of a decade ago. Under the current regulations, and even with recommended increases in State administration funds, States will have great difficulty in initiating innovative and often nationally significant projects.

A new title in the act should be developed, we are recommending, for community-based long-term continuum of care services. We fully realize the need for major attention to and support for the institutionalized elderly, but such attention and support is coordinated largely outside of the Older Americans Act and its planning and service network.

For purposes of this act, community-based long-term care should be defined as those necessary services and programs provided to older persons in their own homes and communities, so that they can continue to remain in their community and not be institutionalized. An example of this is New Jersey's own State supported Congregate Housing Services Program, which provides an eligible client residing in subsidized housing with meals, personal services, and homemaker services. This program, begun in 1981, has prevented older persons from being prematurely admitted to nursing homes, assisting them instead to remain in surroundings with which they are familiar, and at significant cost savings to both the individual and the social services network.

With an expanding and aging population, we need now a community-based long-term care initiative to prevent fear and neglect from shadowing the final years of many of our citizens. The reauthorized Older Americans Act can be a vehicle to begin this critical coordination.

I wish to thank you, Mr. Chairman, for this opportunity to appear before you and to present testimony regarding reauthorization of the Older Americans Act.

As stated earlier, my complete written testimony has been provided for the record, and I will be happy to answer any questions you or the committee members may have. Thank you.

Mr. RINALDO. Thank you very much, Mr. Lebel.

[The prepared statement of Mr. Lebel follows:]

PREPARED STATEMENT OF JACQUES LEBEL

Mr. Chairman, and members of the U.S House of Representatives Select Committee on Aging. I am Jacques Lebel, I am director of the New Jersey Division on Aging, and I have previously worked in the Pennsylvania and Missouri State units on Aging as well.

I am pleased to appear before you today to discuss the reauthorization of the Older Americans Act.

The New Jersey Division on Aging, located within the Department of Community Affairs, celebrated its 25th anniversary this past June. During the past quarter century we have achieved a number of things in which we take pride. Established by law in 1957, the New Jersey Division on Aging was one of the first state agencies to administer services and programs for the elderly, and was the first state to develop a network of county offices on aging, a concept adopted nationally by the 1973 Amendments to the Older Americans Act as the area agency concept. We are a national leader in the advocacy for adequate housing and housing alternatives for the elderly, and we are currently developing major initiatives in long term care, older worker issues, and private sector involvement. The New Jersey Division on Aging was the only governmental agency to be awarded a training grant under the 1983 USDHHS/OHDS discretionary grant competition. That project, to train business management in aging factors, evolved naturally from our older worker and private sector activities. Our Division also designed, in cooperation with the Essex County Division on Aging, a computerized individual client tracking system which has been endorsed for national adoption by both the National Association of State Units on Aging and the National Association of Area Agencies on Aging.

The Older Americans Act, nearly 20 years old now, created a structure that is responsive to the needs of the older person while enabling the individual to maintain his or her dignity. It is the distinction between the Older Americans Act and other social service programs identified as "welfare" that elicits the older persons' support for, and involvement in, the aging network. This Act stands apart, and should remain apart, for it shows undeniably that older persons are recognized and appreciated for their unique contributions to the nation.

The present amended act does not identify who is an Older American. We recommend that the older Americans be defined in the 1984 Amendments as those persons age 60 years and older. We further recommend that eligibility for services and programs contained in the Act be available at age 55 for all people who have physical disabilities or other recognizable barriers to regular self-sustaining employment. We urge also that the Act be amended to contain language which mandates service delivery priority to individuals in greatest need because of low financial status or social isolation. Social isolation should be derined to include stress due to loss of family and friends, past depressed economic status, or by being a member of a minority group.

Other than these stipulations no means test should be imposed for services offered under the Act's major Title III programs. The popular base of support for the Act derives from its uncomplicated age eligibility standard. All people over 60 are now eligible, and 95 percent of these are living in some degree of independence. Services reaching out to all older Americans are now beginning to help 60 to 65 year old children who are caring for a parent or parents in their 90's. This is another growing aging phenomenon that will someday call for support far beyond the capacity of the OAA, but at this time can be ameliorated by Title III of the Act. Maintaining age as the basic criterion for eligibility will continue the almost universal support the Act has generated.

We recommend that provision be included in the act that calls for the review and comment by the State Unit on Aging of any applications from within that State for aging and aging related program funds from the United States Department of Health and Human Services. This will more effectively and efficiently assure the pooling and coordination of these funds for the elderly. The same review process should be mandated at the Area Agency level. Such a requirement adds no real authority to the network but increases greatly the network's ability to coordinate and to avoid duplication of effort.

While we in New Jersey have taken the lead through the efforts of Governor Thomas H. Kean and our Commissioner John P. Renna to implement the following seven points, we strongly recommend that these be written into the amended act to generate the same level of effort in all State Units and Area Agencies on Aging:

That the state units and the area agencies on aging operate as visable and viable focal points and advocates for aging concerns at the State and area levels.

That there be mandatory public hearings on the State and area plans.

That periodic assessment of the needs of older persons be required at the State and area agency levels, and that public hearings be a mandatory part of such assessment.

That there be full time staff as well as a full time director at the State and area agency levels specifically assigned to administer the Older Americans Act Programs.

That there be legislative mandated State advisory councils on aging with a majority representation of older persons, both male and females, proportionately reflective of the ethnic, social and religious background of the area.

That State Units and Area Agencies have proven and effective Affirmative Action plans in operation.

That there be appropriate private access to residents of long term care institutions by the State Long Term Care Ombudsman program.

TITLE III A—STATE ADMINISTRATION

We recommend that the Act allow up to a maximum of 5 percent of the Title III total funds for State Administration. This would preclude the States from having to request an additional three-quarters of 1 percent annually as many regularly do. The minimum allocation of $300,000 for State Administration should be continued with a provision for adjustment as necessary.

The Act should also contain a provision which provides discretionary funds that the Administration on Aging would use to support grants to State Units on Aging. The State applications would be limited to the development of statewide or regionwide initiatives in programs, services or management similar to the Section 308 model projects program of a decade ago. Under the current regulations, and even with the recommended increase in State Administration funds, States will have great difficulty in initiating innovative, and often nationally significant, projects.

COMMUNITY PROGRAMS

Congerage and Home Delivered Nutrition Services (Title III C1 and C2 respectively) should be consolidated into one title, "Nutrition Services", to allow the States to furnish high quality meals to the elderly in either congregate or home settings dependent upon the need, not the appropriation. In addition, States should be allowed to transfer up to 30 percent between Title III B and the combined Title III C Titles. We recommend this to meet the varying needs of the elderly in different sections of the nation. The transfer will allow States to meet the specific needs of their elderly. As an example, it would be a sad day for a community should meals be available, but there be no transportation to bring the elderly to the meals due to insufficient Title III B funds.

NEW TITLES

A new title in the Act should be developed for Community Based Long Term Continuum of Care Services. We fully realize the need for major attention to and support for the institutionalized elderly, but such attention and support is coordinated largely outside the Older Americans Act and its planning and service network. For Purposes of this Act Community Based Long Term Care should be defined as those necessary services and programs provided to older persons in their own homes and communites so that they can continue to remain in their community and not be institutionalized.

An example of this is New Jersey's own state supported Congregate Housing services Program which provide and eligible client, residing in subsidized housing, with meals, personal services, and homeamker services. This program begun in 1981, has prevented older persons from being prematurely admitted to nursing homes, assisting them instead to remain in surroundings with which they are familiar, and at significant cost savings to both the individual and the social services network.

While one may say that we can do this now utilizing existing funding sources under the older Americans Act, we believe that to mount the effort required on a national scale would take most of the current appropriations. The reasons for this need of Long Term Continuum of Care is rather obvious. Our population is growing older, and more people are living well in their 80's. The average age of those to whom we now deliver a meal is 78 years.

As these people age further their supportive needs will grow in both total demand and in the range of demands. The Federal and State Government must develop and coordinate a care system that incorporatres the Social Security system, the housing, the transportation, the nutrition and the health programs at the federal, state and community levels. The system must include cost sharing by individuals, but on a sliding scale commensurate with their ability to pay. Our New Jersey Congregrate Housing Services program has made this sliding fee scale work. Participants pay, according to their income, from five to 100 percent of the cost of the nutrition, housekeeping and personal services they receive. The challenges are far greater, of course, to coordinate a long term continuum of Care on a national scale but it can be done. Our present varied and disconnected operations are escalating in costs so steadily that some elements are reducing their output or increasing client co-payments in order to prevent collapse. The retirement and health benefits programs of the Social Security system are good examples. With an expanding, and aging, older population we need now a Community Based Long Term Care initiative to prevent fear and neglect from shadowing the final years of many of our citizens. The reauthorized Older Americans Act can be the vehicle to begin this critical coordination.

TITLE IV—TRAINING, RESEARCH, AND DISCRETIONARY PROJECTS AND PROGRAMS

Under Part A we recommend that states receive an annual allocation for State Education and Training Programs utilizing a formula and not a discretionary grant procedure. We recommend this because states now encounter procedures and priorities that change from year to year by Federal decisions rather than local needs. The crying need for training of network service delivers is unassailable, yet inconsistent and unsure funding to support such training significantly interferes with our efforts to make the best use of resources.

CONCLUSION

Based on our 25 years as a State Agency on Aging and nearly 20 years of administering the Older Americans Act in New Jersey, we believe these recommendations are sound and just. Further, we believe that our recommendations will provide a higher level of service to our elderly; and that is what the Older Americans Act is all about.

I wish to thank you, Mr. Chairman, for this opportunity to appear before you and present testimony regarding reauthorization of the Older Americans Act.

Mr. RINALDO. Our next witness is Mr. Shields, who I know very well, and whose office has won a number of awards for the past 13 years that he has been director, and certainly properly so. The most recent award, I understand, was from the New Jersey Home Health Assembly. And Mr. Shields is going to retire at the end of this year. I do not know whether or not he is going to reconsider that decision, but I do know that I for one am certainly going to be sorry to see him go, and so are many of the senior citizens in Union County, who he has served so well. Mr. Shields.

STATEMENT OF PETER SHIELDS

Mr. SHIELDS. For the record, my name is Peter Shields, director of the Union County Division on Aging of the Department of Human Resources.

I am pleased to submit this testimony asking for the reauthorization of the Older Americans Act. I thank you, Congressman Rinaldo, for this hearing and must say how proud I have been to be able to say I am the director of the area Agency on Aging whose

Congressman is our friend, Matt Rinaldo, Republican leader of the House Select Committee on Aging.

I have been in Government almost 50 years and involved in a lot of Federal legislation. The Older Americans Act is one we can all be proud of and certainly should be reauthorized. I have administered this act in my area for the past 13 years and some say 13 is an unlucky number. But it certainly has been lucky for our agency, who coincidentally received 13 national, State, county, and local awards and honors for our efforts on behalf of our elderly, a great indication that the people we serve appreciate the services made available to them under the act.

The October 21, 1983, GAO report on Medicaid and nursing home care states that the elderly who are in need of long-term care should be able to remain in the community as long as possible and encourages the expanded use of community-based, long-term care services.

In view of the national problem of nursing home care whereby Medicaid is the largest single payer of this care, and the current national Medicare policy of DRG reimbursement helping aggravate the bed shortage particularly as it relates to Medicaid patients, along with the States' policies of limiting both Medicaid reimbursement and the numbers of beds, the saving grace of the Older Americans Act is its help in establishing the alternatives of community care, alternatives which will go a long way to help solve the problems.

The act has great potential in encouraging the area agencies in their responsibilities as coordinators in improving the continuum of care through encouraging improving preadmission screening of nursing home applicants as well as in care management for those in need.

Here in Union County we put the stress on the sick, elderly, poor with the accent on home health care. We have been pleased last year to receive the first annual Home Health Award from the New Jersey Home Health Assembly, an association of over 50 home care agencies. Our approach is simple. We strive to avoid unnecessary institutionalization for our seniors through a basic five-point program, a home-delivered meal, a home care nurse, a home health aide, medical transportation, and competent social workers.

In celebrating the 10th anniversary of our nutrition program last month, we noted that we have served approximately 3 million meals to date, one-third of which went to the homebound. Last year we were responsible for 54,000 hours of nursing and home health aide services done with the added assistance of title XX money. The kind of cooperation we have received from our title XX friends has been marvelous and could serve as an example for the rest of the Nation.

We are proud of the rest of the statistics that show our services to the low income and minority and I am all for any provisions in H.R. 4785 concerning the low income.

In addition to our specific services on home care, we have been greatly involved in preventive health services, services to our elderly blind, and most recently hospice services.

The law is well constructed and has worked very well for us in Union County, so I am not recommending any major amendments.

I do not agree with the administration's recommendation to block grant, consolidate titles III B and C. We do not need that kind of flexibility but do need the protection now afforded to our nutrition programs. We have been directly administering the nutrition programs in our area and it is vital not only in our area but throughout the Nation that the most critical element of home care, home-delivered meals, be protected from any possible encroachment.

I note, Matt, that you are a cosponsor, along with our good friend, Congressman Biaggi, of H.R. 4785. I have read H.R. 4785 and I am in substantial agreement. We need the present 20-percent transfer flexibility between B and C and I would be pleased to see it increased to 25 or 30 percent, including a 20-percent transfer permissibility between C1 and C2.

The status of the Commissioner should be upgraded as far as possible, our administrative 8½-percent limit should be increased to at least 10 percent, title IV funds should passthrough the area agency and title V, while still under the national contractors, should be administered through the area agency whenever possible.

I am definitely against the administration's recommendations to provide only commodities to the nutrition program and request the continuation of the cash assistance that has been vital in expanding our meals.

I am in agreement with the National Association of Area Agencies on Aging that title III should be renamed "Grants for community-based long-term care services." rather than "Grants for State and community programs for aging," since all services should be viewed as components of an overall community based long-term care system.

The present confusion of mandating that we give preference to the low income while not permitting a means test should be clarified through the permissibility of local judgments on the use of sliding scales especially when services are made available to the medically needy.

In a very recent statement by Dr. T. Franklin Williams, Director of the National Institute on Aging, he said that we must have a comprehensive system of long-term care for the elderly which would include the possibility of options by which the senior citizen can have the opportunity to select from a full range of services that which is most appropriate for his or her needs such as home care, day care, acute care, nursing care, rehabilitative care, and so forth. We in the area agencies on aging have been pioneering the establishment of various needed services to add to a range of services, services such as home-delivered meals, improved home care, day care, hospice care, preventative health education, and important information and referral services. I have been most fortunate to have been in on the ground floor of this pioneering effort which has been made possible through the provisions of the Older Americans Act.

Thank you for your support of this legislation, and I can now, in the year of my retirement from public service, walk away with a great deal of satisfaction because of my opportunity of being a part of the administration of one of the finest pieces of legislation ever devised to improve the quality of life of our elderly. Thank you.

[Additional material submitted by Mr. Shields follows:]

UNION COUNTY DIVISION ON AGING, FUNDED PROJECTS 1983

ADVOCACY POLICIES AND PRIORITIES

The policy of the Union County Division on Aging is to advocate, plan, develop, coordinate, improve, and increase services for the economically and socially disadvantaged elderly, giving the highest priority to the sick, elderly, homebound citizens who are most in need of home or institutional care.

To this end the Division continues to improve its nutrition programs, group dining and home delivered meals, and home health care as alternatives to institutionalization. Our modern and well equipped nutritious kitchen, which became operational in Marach, 1982, is well organized and operates at near capacity. The Coordinated Home Care Program continues to provide the maximum service for the Titles III and XX dollars available, and a new project "The Wireless Radio Frequency Medical Alert System" Emergency Response was initiated in cooperation with Memorial General Hospital, Union, NJ.

The Division does not discriminate against any senior citizen because of race, creed, color, sex, age, national origin, or marital status. And, no otherwise qualified handicapped senior citizen shall, solely by reason of his or her handicap, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any federally funded programs or activities administered by this Division.

Moreover, the Division continues to pursue advocacy objectives at all levels as outlined in its "Area Plan on Aging for Progress Toward a Comprehensive Coordinated Service System for Older Persons" covering fiscal years 1984 through 1985.

The attached narrative and statistical summaries reflect the successful accomplishments of all funded projects during 1983.

NARRATIVE SUMMARY OF PROGRAM ACTIVITIES AND ACCOMPLISHMENTS FOR CALENDAR YEAR 1983

1. Union County Nutrition Program for the Elderly Meals on Wheels of Elizabeth, NJ, Elizabeth, NJ

One of the most important components of the long term health maintenance program is proper nutrition for the elderly. The Union County Division on Aging's Nutrition Program augmented by the services of Meals on Wheels of Elizabeth, Inc. provided this component by utilizing the Union County Division on Aging Nutrition Kitchen in Linden, N.J. where nutritious, hot and cold meals were prepared, packaged and delivered to the sick elderly at home and hot meals to the elderly at fourteen (14) group dining sites throughout the County. All meals met the ⅓ RDA requirement as stipulated by the Older Americans Act and were served five days each week, Monday through Friday, except on County holidays. Included in this program were the home delivered meals packaged and delivered by the Union Township Community Action "Search & Serve" program, the Kosher Group Dining Site which procured, prepared and served Kosher meals, and S.A.G.E., (Summit Area Association for Gerontological Endeavor) a private non-profit service agency who purchases home delivered meals from our kitchen for distribution in the Summit area.

The following reflects the specific activities of the program:

a. Home Delivered Nutrition Services.—Prepared and delivered 73,768 Title IIIC2 and 58,392 Title XX or a total of 132,160 balanced nutritional meals to 793 elderly residents of Union County who, because of physical limitations, were unable to prepare meals in their own homes or leave their homes to obtain food. (24,600 of the Title XX meals and 2,998 Title III meals were delivered to the home bound by the "Searach and Serve" Program.) In addition, 16,511 home delivered meals were purchased and distributed by the S.A.G.E. program.

b. Group Dining Nutrition Services.—Assisted 1,683 elderly residents of Union County to maintain their self-sufficiency, independence, and residency in the community by providing 191,332 hot meals at 15 nutrition sites stratigically located throughout the County. Of the above, 27,817 were Kosher meals.

c. Information and Referral.—Completed 670 contacts with 347 elderly clients providing information concerning the availability of other services and resources and assisted by making and following-up on appropriate referrals.

2. "Search and Serve" Union Township Community Action Organization, Union, NJ

During the year this project sought, located and provided services to the elderly and especially the frail elderly poor of Union and Vauxhall to enrich the quality of their lives and to preclude or forestall institutionalization. To this end the program provided hot home delivered meals 5 days each week, information and referral services, a comprehensive outreach program, and limited transportation services for medical purposes. Specifically, the following services were provided:

a. Information and Referral.—Furnished information to 1,705 elderly residents in the Union Township and Vauxhall areas concerning the availability of services and resources and assisted in securing these services by making appropriate referrals.

b. Home-Delivered Nutrition Services.—Packaged and delivered 2,998 Title IIIC2 and 24,600 Title XX balanced nutritional meals directly to 134 elderly residents of Union and Vauxhall who were unable to prepare meals in their own home or leave their homes to obtain a meal.

c. Outreach, Demand Transportation and Friendly Visits.—Through outreach, identified 42 elderly clients who would not have availed themselves to services and assisted them; furnished 66 one way trips to 26 clients and devoted 63 hours in friendly visits to 26 clients.

3. Union County Division on Aging Coordinated Home Care Program, Elizabeth, NJ

The Coordinated Home Care Program was developed and implemented to achieve the maximum level of home health aide services and to assure that these services were directed to the senior and disabled population of the County with the greatest need. Accordingly, all appropriated funds, Title III and Title XX for these services were allocated to the Division on Aging for control and coordination to provide uniform home health aide services throughout the County; to produce the maximum level of service from available resources; to provide centralized authorization for service and disbursement of funds; to collect and maintain data on clients; to make appropriate client referrals; and to maintain client intake records. To accomplish the services, vendor contracts were made with the following servicing agencies who provided 51,672 hours of home health aide service for 740 clients and 1,369 hours of visiting nurse services for 568 clients utilizing both Title III and Title XX funds:

Visiting Nurse and Health Services of Elizabeth, Overlook Hospital Community and Environmental Health Division, Visiting Nurse Assoc. of Plainfield and North Plainfield, Jewish Family Services, Visiting Homemakers Service, Patient Care, Inc., Elizabeth Housing Authority, and SAGE Visiting Homemakers.

4. Visiting Nurse and Health Services Long Term Maintenance Care and Information, Elizabeth, NJ

This project, "The Health Maintenance Program", is a vital component of Long Term Health Maintenance and is one viable alternative to home care for those senior citizens who are still able to be active in the community but are at risk due to chronic illness. During the year the program provided primary nursing and coordinated with the patient's physician for screening, monitoring of the physical and social status of individuals, and counseling and health education programs for individuals and groups who are not homebound. The services were provided at regularly scheduled hours at low-income senior citizen housing, nutrition sites, and other areas where seniors meet. The program allowed for early detection of potential physical and social problems and was geared to encourage "Maximum Wellness".

Specifically the program provided the following services:

a. General Preventive Health.—Completed 6,354 nurse/client contacts for 771 unduplicated clients. Services provided were testings and health checks to assess the health status of elderly individuals and to determine the need for referrals for further care.

b. Health Counseling.—Provided 1,379 hours of health counseling to 771 clients either individually or in groups enabling them to maintain their health.

5. Expanded Senior Citizen Clinic John E. Runnells Hospital, Berkeley Heights, NJ

This health maintenance program is an essential component of Long Term Health Maintenance. The program is designed for those senior citzens who are still able to be active in the community but are at risk due to chronic illness. Furthermore, it allows for early detection of potential physical ailments and encourages maximum wellness.

The following reflects the accomplishments of this project:

a. General Preventive Health.—Provided 725 free health tests for 575 elderly residents of Union County. The tests were performed at the Senior Citizen Clinic, John E. Runnells Hospital, two mornings each week and consisted of pap smear, blood pressure, diabetes, SMAC Test Chemistry Profile, baseline chest X-ray, urinalysis and hemoglobin.

6. Overlook/New Providence Senior Citizens Health Assessment and Information Project New Providence Senior Center, New Providence, NJ

During 1983 Overlook Hospital, with Title III funding, assigned a public health nurse to the New Providence Senior Center to provide health assessment, monitoring and counselling to seniors in that area. The nurse was at the center 10 hours per week, and 520 hours during the year providing the following services to 632 seniors in individual or group settings:

a. Screening for Hypertension, diabetes, anemia, colorectal bleeding, and visual and hearing problems.

b. Identification of seniors at risk and in need of medical care, health education, health education, and counselling.

c. Weight control program held in conjunction with a nutritionist.

d. Evaluation of seniors for participation in planned exercise and dance programs.

e. Injection service with medical orders.

7. Muhlenberg Hospital Hospice Program, Plainfield, NJ

The Hospice Program of Muhlenberg Hospital was established as an extension of their Home Care Program to meet the special needs of the terminally ill person. Through the efforts of a multi-disciplinary team of hospice professionals, the dying patient and his/her family are given the necessary teaching and counseling that enables the patient to die at home in loving and familiar surroundings. The hospice nurses provide 24 hours on-call availability to the patient and family to allay fears and answer questions. In addition to nursing service, homemaker/home health aides services are provided as appropriate. During the year 79 hours of home health aide services and 56 hours of nursing service was provided to 22 elderly patients.

8. Rahway Hospital Hospice Program, Rahway, NJ

During 1982, the concept of hospice care remained the same as in prior years, namely the skilled and compassionate care of those patients in the advanced stages of illness and their families. Through the involvement of a multi-disciplinary team comprised of the physician, nurse coordinator, social worker, clergy, dietician, and volunteers, patients and their families are assisted in coping with the life threatening illness and eventual death bearing in mind it is the quality and not the quantity of life that counts. Therefore, during the year 205 patients were serviced, of which 69 were new. A total of 2,858 contacts were made with or on behalf of the patient and or the family. Of the total cases serviced 22 expired at home and 26 in the hospital or nursing home.

9. Union County Division on Aging Information and Referral Program, Elizabeth, NJ

Information and referral is a direct service provided primarily by two (2) staff members of the Union County Division on Aging. During the year the I & R section completed 4,529 I & R contacts providing information to 4,226 seniors concerning available services and resources and assisted them in obtaining the services through appropriate referrals. An Information and Referral Course was conducted at Union College on 8 Fridays, 2:00–4:00 p.m. from March 18 through May 27, 1983. 148 individuals representing the various social service agencies throughout Union County, registered and the average attendance was 66. Of this number 44 received certificates for attending at least 6 of the 8 sessions. The I & R section also coordinated a local radio program for the elderly at Station WJDM in Elizabeth, N.J. on the last Wednesday of each month from 11:00 a.m. to 12:00 noon. This program had a listening audience of approximately 300,000.

10. Nursing Home Ombudsman Catholic Community Services of Union County, Elizabeth, NJ

During the year the Nursing Home Ombudsman and a staff of 40 to 45 trained volunteers provided an important and vital service to approximately 1839 elderly residents of 13 licensed skilled care facilities in Union County. The Ombudsman and volunteers were often the only contact many of these residents had with the outside world in terms of someone to assure that their rights were protected. The Ombudsman, as an advocate, assisted nursing home residents or family members in resolving major and/or minor problems. The volunteers provided vital visitations, wrote letters, and provided other services to make nursing home living more interested and tolerable. Specifically, the following activities were accomplished in meeting the overall objectives of the program:

a. Information and Referral.—Provided information to 469 elderly residents of nursing homes in Union County or their family members concerning the availability of services and resources and assisted them in securing needed services by making referrals to appropriate community services agencies and/or organizations.

b. Nursing Home Ombudsman.—Accepted, evaluated, resolved or referred complaints from 117 nursing home resident or a family member concerning the quality of care being provided in nursing homes. A total of 160 contacts were made in servicing these clients.

c. Friendly Visitors.—An average of 40 volunteers, under the guidance of the nursing home ombudsman, visited 1,839 residents of nursing homes in Union County and devoted 3,313 hours to these visits. The volunteers helped the elderly maintain contact with the outside world and assisted with letter writing, reading, etc.

d. Advocacy Assistance.—The Ombudsman, assisted 436 elderly residents to secure their rights and privileges provided by local, state, and federal ordinances and statutes. 116 hours were devoted to this activity.

11. Visually Impaired Rehabilitation Project Catholic Community Services, Elizabeth, NJ

This project is unique and provides a vital, social, educational and health service for a limited number of elderly visually handicapped residents of the County. Those participating in the program have a degree of visual impairment ranging from totally blind to light and/or form perception and various levels of partial vision with field and central visual difficulties. Each individual is considered legally blind as defined by the N.J. Commission for the Blind. During the year activities provided for participants included classes conducted by dance therapists, occupational therapist, recreational specialist, orientation and mobility/senory training specialist, and guest speakers in the cultural, educational and health related professions. The above was supplemented by films, tapes, records and field trips. Each Thursday, participants were picked up at their homes by escorts, transported to the meeting site, and returned to their homes at the conclusion of the evening activities.

The following reflects the actual accomplishments:

a. Escort Service.—Provided 27 elderly visually impaired residents with 1,741 hours of escort and round trip transportation services to all activities sponsored by the project.

b. Occupational and Recreational Therapy.—Provided 748 hours of occupational and recreational therapy.

12. Westfield Community Center "The Friendly Place," Westfield, NJ

The Westfield Community Center, "The friendly Place", provided a multiplicity of social, educational, and recreational services for seniors in the Westfield area. The activities assisted the targeted senior population in maintaining self-sufficiency, independence, and residency in the community as an alternative to institutionalization. It accomplished the following during the year.

a. Provided 5-day-a-week full time social day care services, including 6,650 hot nutritional lunches geared to the preference of the target population. An average of 50 elderly residents received these services daily. Also provided were 4,051 one way trips for 382 clients; 425 hours of escort service for 225 clients; 321 hours of friendly visits for 128 clients; and a variety of daily recreational activities including field trips, arts and crafts etc. for 391 clients. This senior center is truly "The Friendly Place".

13. Human Resources Transportation Unit, Scotch Plains, N.J.

The Transportation Unit assumed the leadership roll in the development of a para-transit system for the elderly and handicapped residents of Union County. The central administrative control unit sub-contracts with four area agencies who provide the direct client service, namely the Summit, Plainfield, and Westfield Area Red Cross Agencies, and Catholic Community Services of Elizabeth. First priority, is given to individuals going to medical appointments at rehabilitation centers, hospital clinics, doctor's offices, and community mental health centers. Other priority destinations include local public service agencies such as Social Security and Board of Social Services offices. Out of town trips are coordinated centrally to enhance cost-effectiveness and efficiency of operation. Service is provided five days per week, Monday through Friday, from 9:00 a.m. to 5:00 p.m.

During the year 71,868 one way trips were provided to 5,407 clients.

14. Union County Division on Aging Nutrition Bureau Transportation, Elizabeth, N.J.

As an adjunct to the Division on Aging's Nutrition Program, transportation was provided to and from the nearest nutrition site for the frail elderly poor residing in depressed areas. The targeted individuals, though not homebound, had no means of availing themselves to a daily hot meal at a group dining site without this transportation. In addition, transportation was made available to this group for trips to the doctor's office or medical facilities and also for shopping trips. During the year 11,687 o ne way trips were provided for 117 elderly clients in Elizabeth and Union-Vauxhall area.

15. Union County Legal Services Corp., and Community Mental Health Law Project, Senior Citizens Legal Assistance Program, Elizabeth, NJ

The Union County Legal Services Corp., and the Community Mental Health Law Project combined their efforts to provide legal and supportive advocacy services for the elderly and mentally disabled elderly of Union County. Legal Services furnished lawyers and paralegals in addressing the plight of the elderly poor and in the general areas of civil law. Their efforts were a mainstay in litigation involving landlord-tenant rights, consumerism and public benefits. The Mental Health Law Project, utilizing lawyers and social service advocates assisted the mentally disabled in obtaining rights and benefits due them. It also had an extensive outreach program to hospitals and with mental health and social service agencies and was actively involved in resolving a variety of housing service needs including the needs of boarding home residents. In summary, the combined efforts of the two entities resulted in 633 hours of outreach for 254 clients; 596 hours of legal counseling for 91 clients; 1100 hours of legal service for 100 clients and 658 hours of advocacy assistance for 147 clients.

16. Senior Citizens Program Counselling Project, Senior Citizen Council of Union County, N.J., Inc. Union, NJ

This project supported the activities of the Senior Citizens Program Project Director wherein the incumbent performed the services of counselling the Senior Citizens Council of Union County in the area of senior citizens programs. The Director, assisted by volunteers, initiated and devised service programs; made contacts with public and private agencies concerned with problems of the elderly; and enlisted their assistance in the advocacy and establishing of service projects beneficial to the elderly of Union County.

The following reflects the accomplishments of this Project:

a. Information and Referral.—Completed 2,308 contacts with 1,693 elderly clients providing them with information concerning the availability of services and resources.

b. Dental Services.—Completed 846 contacts to arrange dental services at reduced rates for 322 elderly clients.

c. Outdoor Recreation.—Completed 2,497 contacts to arrange recreational activities for 822 elderly clients.

d. Employment Services.—Completed 1,041 contacts to assist 249 seniors elderly clients to obtain employment.

e. Advocacy Assistance.—Devoted 1,392 hours assisting the elderly of Union County to secure their rights and privileges as provided by local, state and federal ordinances, statutes or policies. Examples are emergency fuel assistance, handicapped parking, etc. The Director also spoke at forums, conferences, council meetings, work shops, etc. in support of the needs of the elderly.

f. Senior Organization Liaison.—The Senior Council provided liaison activities between the Division on Aging, itself and numerous senior organizations for the purpose of coordination, technical assistance and to develop and maintain cooperative relationships.

17. Catholic Community Services, Social Day Care for the Elderly, Roselle Park, NJ

This program is another link in the chain of services designed to forestall or prevent institutionalization. The Social Day Care Center operated three days a week from 10:00 a.m. to 3:00 p.m., fifty weeks during the year. Through a formalized program, the following specific areas were addressed to promote and sustain the independence of a total of 43 seniors.

a. Emphasis was given to health and physical well being of each participant to encourage maximum functioning capabilities.

b. A conducive atmosphere and social activities was provided to promote emotional stability.

c. Respite service was provided for family members thus contributing to a more comfortable and stable homelife.

d. A nutritional hot meal was served to each participant on each meeting day. With the assistance of volunteer, 4,145 hours were devoted to providing the above services.

18. Union County Council on Alcoholism, Senior Citizen Outreach Alcohol Project, Westfield, NJ

Since one in every ten Americans is a senior citizen; since more medication is available and prescribed for this age group and since seniors are living longer with more leisure time, the possibility of alcoholism and poly drug addiction is greatly increased. The interaction of alcohol and medicine can be "potential dynamite." Simply drinking more to fill leisure time or to combat loneliness can also be dangerous. Therefore, this project devoted its efforts to training senior service center and social service agency staff on alcoholic abuse and alcoholism; providing motivational counseling, education and information to seniors in individual or group sessions; and providing other needed services to seniors who were encountering difficulties with alcohol or controlled substances. In summary 72 hours were devoted to 66 clients with alcoholic problems and 320 individuals received group training.

19. Memorial General Hospital, Adult Social Day Care and Wellness Program, Union, NJ

This program, established by Memorial General Hospital in August, 1983, provides care to the physicially and mentally frail elderly who, without the benefit of this alternative form of care may have no recourse other than institutionalization. The program is professionally supervised eight hours a day, five days per week and is designed to provide care for twenty (20) clients per day.

In addition, a secondary benefit is received by family members of the elderly day care participant, who are relieved of the daily care of an older family member and can pursue employment, educational or other personal activities.

The following reflects the accomplishments of this project:

a. Information and Referral.—Completed 715 contacts with 114 elderly clients providing them with information concerning the availability of services and resources.

b. Demand Transportation.—Provided 952 one way trips for 28 elderly clients from individual homes to the day care center and return.

c. Social Counseling.—Provided 226 hours of counseling to help 43 elderly clients cope more successfully with the changing world and to interact happily with their families as well as their peers.

d. Recreational Therapy.—Provided 487 hours of recreational therapy to encourage maximum functioning capabilities and emotional stability through a conductive atmosphere and social activities.

UNION COUNTY DIVISION ON AGING—CONSOLIDATED STATISTICAL SUMMARY OF PROGRAM ACTIVITIES 1983

Program activities	Units of service	Unduplicated clients	Low income (percent)	Minority (percent)
Home delivered nutrition service	148,671 meals	829	78	33
Group dining nutrition service	191,332 meals	1,683	82	29
Health counseling	1,910 hours	2,602	72	16.6
General preventive health	8,286 contacts	2,817	67.5	17.5
Coordinated home care:				
Home health aides	51,672 hours	740	92.4	27
Visiting nurses	1,369 hours	586	84.5	25
Hospice services	2,858 contacts	205	87	6
Demand transportation	85,940 one-way trips	4,988	39.3	11
Nursing home ombudsman	160 contacts	117	48.7	7
Legal counseling	596 hours	91	89	38
Legal services	1,100 hours	100	78	32
Information and referral	12,087 contacts	8,366		
Escort service	2,150 hours	308	59.7	31.2
Outreach	995 hours	993	83.1	36.2
Friendly visitor	3,762 hours	2,301	38.8	7.3
Advocacy assistance	2,242 hours	1,321	35.9	8.5
Substance abuse (alcohol)	72 hours	66	34.9	3.3

UNION COUNTY DIVISION ON AGING—CONSOLIDATED STATISTICAL SUMMARY OF PROGRAM ACTIVITIES 1983—Continued

Program activities	Units of service	Unduplicated clients	Low income (percent)	Minority (percent)
Recreational therapy	4,935 hours	51	27.5	12.1
Therapy, other	657 hours	27	50	26
Employment service	1,014 contacts	322	53.1	3.1
Dental service	846 contacts	322	20.8	3.4
Social counseling	224 hours	51	11.8	5.9
Recreation	2,530	1,981	34.6	13.1

Mr. RINALDO. Thank you very much, Pete. Mr. West.

STATEMENT OF CARL WEST

Mr. WEST. For the record, my name is Carl West. I am executive director of the county office on aging, and also legislative chairman for the New Jersey Association of Area Agencies on Aging.

Congressman Rinaldo, Congressman Wortley and special acknowledgment of the Congressman from my district, Chris Smith, who is rapidly becoming an expert in the field of intergenerational relations, inasmuch as Chris has been very active in dealing with many of the seniors, holding meetings throughout his district, and for those of you who do not know, Congressman Smith's wife just had a baby last week. So he is becoming fully aware of both ends of the spectrum.

On behalf of the New Jersey Association of Areas on Aging, I would like to thank you for the opportunity of allowing our association to discuss the reauthorization of the Older Americans Act of 1965. As you are aware, our national organization, the National Association of Area Agencies on Aging, has been actively involved in discussing reauthorization of the Older Americans Act with this committee as well as other congressional leaders. NJR4A is supportive of their efforts and for the sake of brevity, I shall restrict my remarks to those issues that have the greatest impact on New Jersey's aging network.

NJ4A unanimously supports the elevation of the Commissioner of the Administration on Aging to Assistant Secretary of Health and Human Services. The agency's ability to impact activities of other Federal departments and agencies, and the internal offices of the Department of Health and Human Services would be enhanced and would provide the visibility needed at the national level as an advocate for the development of community-based long-term care systems.

It is the position of NJ4A that as a result of the reorganization of the Office of Human Development Services, within the Department of Health and Human Services in 1980, that the authority of the Commissioner to establish policy and to provide visible leadership in dealing with other Federal agencies and departments and the private voluntary sector has been diminished.

In order to maintain the integrity of AOA as a Federal focal point for serving all elderly, AOA must be an agency autonomous from the Nation's welfare program and must have authority commensurate with its mandated responsibilities to effect change at the Federal level. The strengthening of AOA will also enhance the status and ability of the State units and area agencies on aging to bring about change and coordination of Federal, State, and local programs serving the elderly at the community level.

The New Jersey Association of Area Agencies on Aging does not in principle object to the Administration on Aging's proposal to consolidate authorization of appropriations for supportive services and senior centers, congregate and home delivered meals, and State plan administration under title III of the act. NJ4A does feel, however, that any attempt to consolidate authorization under the act should be accompanied by a provision within the reauthorization that would protect future appropriations from reductions below those levels which existed prior to the consolidation.

In the absence of consolidation, NJ4A would be supportive of increasing the current 20 percent maximum State transfer allowance to 30 percent after consultation with the area agencies on aging. This increase will provide greater discretion at the local level to develop comprehensive service delivery systems responsive to the multiple needs of older persons.

NJ4A fully supports the concept of targeting services to those older individuals who are in greatest economic or social need, however, there is need to include a more specific definition of "social need." The act should give special attention to minorities, special ethnic groups and low income elders relative to their presence in the population. Required outreach services should be maintained to assure that those in the greatest need are reached and that those targeted groups which historically have been underrepresented in aging programs are the beneficiaries of all available resources.

The National Association of Area Agencies on Aging and the New Jersey association are firmly committed to the belief that serving the needs of American's minority elderly is an absolutely central mission and challenge facing the aging network. We also believe that continued and intensified efforts must be undertaken in the areas of affirmative action, minority contracting, program accessibility and service targeting in order for the network to truly fulfill its responsibility to the minority aged.

With the recent reduction in many Federal and State social service programs, it has become extremely vital that the aging network intensify its effort in targeting its resources to those individuals who are in greatest need.

It is the position of NJ4A that if title IV State education and training funds are to be utilized in a meaningful manner, it is essential that these allocations be made directly to the area agencies. NJ4A recently conducted a national training needs survey and together with an extensive review of the AOA Training Program, found that there was a need for AOA to redirect its training resources in order to make them more responsive to area agency needs. As we are all aware, the training needs within the aging network differ from region to region and in New Jersey from county to county.

If training is to be beneficial and achieve its desired results, it is essential that it address the needs which exist within the locale where it is being provided. Limited funds provide little opportunity for extensive travel for training purposes and at times intrastate becomes prohibitive due to either budget or time constraints. With an excellent county community college network and other training institutions in New Jersey, the concept of pooling aging funds with other resources could provide a meaningful source of training designed to be responsive to local needs.

Although many within NJ4A feel that title V, community service employment for older Americans would operate more effectively if administered by AOA, NJ4A can support the retention of the program by the Department of Labor if increase coordination with the aging network takes place. There is also a vast amount of evidence which shows a very critical need to develop increased coordination between title V and the jobs training and partnership act.

NJ4A unanimously endorses the continued funding of title V.

The Older Americans Act mandates that AAA's develop a comprehensive and coordinated service system for older people. In order to accomplish this mandate, it is essential that the AAA be aware of those non-AOA funded programs. It becomes even more critical to know of other existing non-AOA projects early in the planning phase of an area agency. If we are to maximize those limited AOA funds received on the local level, it is vital that we develop linkages with a variety of social service providers.

As you are well aware, Federal and State initiatives call for the development of community-based long-term care system focused on sustaining older persons in the community in their homes and avoiding inappropriate institutionalization. It is vitally important that the reauthorization address this Federal initiative squarely and clearly articulate the AAA's focal point role in the development and implementation of these systems. If in fact we are targeting our resources to the most vulnerable elderly, are we not addressing a constituency identified under long-term care programs.

We in New Jersey have already witnesses the development of community-based long-term care plans with little input from the aging network. If we in the aging network are expected to provide for the coordination of services and the sharing of our limited resources, it is extremely important that we have a meaningful role in the development and shaping of the system. The reauthorization, through the elevation of the Commission to Assistant Secretary level and the inclusion of language which clearly defines the role of the aging network in the community-based long-term care system, can be of immeasurable assistance to the AAA's in their attempts to plan and implement a comprehensive/coordinated service system.

In conclusion, I often relate our role as an AAA with the famous parable of Joseph. Can we learn anything from the experience of a young lad, Joseph, who had fallen into a very deep well? His older brother saw him fall and had run screaming for assistance.

First, the father thrust his rope, but it was obviously not long enough. Then a black neighbor threw a longer rope down, but it was still too short. Finally, a volunteer fire department threw down the community's longest rope, but it was too short.

From the bottom of the well, Joseph's feeble voice was heard whimpering, "If you will only tie your ropes together, everything will be all right." Then, as if struck with radical new insights, the firemen, the black neighbor, and the father knotted their ropes together and Joseph was saved.

For Joseph was not saved by any dramatic speech, designed by Madison Avenue phrasemakers, which merely condemned the failure of others who did not have longer ropes. Neither the glitter of TV nor the front page of any newspaper could have generated enough publicity to save Joseph in time unless there had been also some combined community effort with a determination to use the resources available and to solve the problem immediately at hand.

Do we really desire to deal comprehensively with the perplexing and complex problems which ignore the needs and asperations of our elderly citizens?

If so, we have to start tying more ropes together. We can begin to do so today through the reauthorization of a strong Older Americans Act which will provide our Nation's social service delivery system with the mechanism designed to assure that every older American will live with dignity.

Thank you very much.

Mr. RINALDO. Thank you, Mr. West. Mr. Ellertson.

STATEMENT OF NORRIS C. ELLERTSON

Mr. ELLERTSON. Mr. Chairman, members of the committee, my name is Norris Ellertson. I am the director of the New Jersey Unit of Green Thumb, Inc., a nonprofit organization engaged in the administration of the title V program. I want to thank you for the opportunity to discuss our views on the senior community service employment program. And my remarks will focus on the issues raised in your letter of invitation.

And, if I may at this point, Mr. Chairman, I would like enter my full statement in the record. And just direct a few impromptu remarks to the committee and be available for questions, if that is all right, sir?

Mr. RINALDO. That is fine. Certainly.

[The prepared statement of Mr. Ellertson follows:]

STATEMENT OF NORRIS C. ELLERTSON, DIRECTOR, NEW JERSEY UNIT OF GREEN THUMB, INC.

Mr. Chairman, members of the committee, my name is Norris Ellertson. I am the director of the New Jersey Unit of Green Thumb, Inc., a non profit organization engaged in the administration of a Title V Grant. I want to thank you for this opportunity to discuss our views on the senior community service employment program. These remarks will focus on the issues raised in your letter of invitation.

On the matter of transferring the program from the Department of Labor to the Administration on Aging, I believe that we can be of greatest assistance to you by reviewing our present program results. Such a presentation will assist the Congress in determining if their intent is being carried out and perhaps materially aid your judgment on whether or not to transfer the administration of the Title V program.

In our current program year, we have 705 assigned slots in the state. These enrollees are placed in 375 host agencies in 20 counties. Of these enrollees 71 percent are women, 20 percent are from ethnic minority groups, and the enrollees' average age is 67 years. That age is identical to the national Green Thum average, and I believe slightly above the proportion for all Title V programs nationally. In addition 576 (or 80 percent) of the enrollees were in agencies providing services to the general community and 138 (20 percent) engaged in service to the elderly community. These summary numbers give a notion of the coverage Green Thumb is obtaining in helping the older worker and giving service to New Jersey's communities. Lastly, it should be pointed out that Green Thumb, alone among the program contractors is responsible for the non urban older worker population in America.

New Jersey Green Thumb is particularly proud of its new training and placement program. Beginning July 1 last year, we instituted a new training program for both workers and staff—job skills for unsubsidized placement for workers, and improved training and placement activity skills for the field staff. The training for workers includes all modes—on the job training, group classroom instruction and customized individual or group training for all enrollees who wish to participate. The other element is, of course a strong placement program ranging from individual counseling and job search aid, job banks, job clubs and other techniques that will help the worker get a better position. The results to date are gratifying—placements were 10 percent in the first quarter, 10 percent in the second, 16 percent in the third, and we do not anticipate difficulty in reaching the 23 or 24 percent needed in the fourth quarter to meet our annual target of 15 percent overall for the year. At present our placement rate is 12 percent (of 705), and of those placed, 7 percent with public bodies, 5 percent with the private sector. Green Thumb knows from its experience that given the skill levels and ages of its workers, better jobs will not be found quickly or easily. We require that the jobs be better paid, be more than half time, and be long term in nature. Evidence that these three criteria will be met is required before placement is made. We also follow up, one month and six months after placement to track the success of the individual employment. The keys to success are the concentration on skill enhancement of the enrollees, and improved ability to locate and secure private employment. It is not easy, there is no quick fix, but all of our people can testify to the gratification that comes from the better jobs and the brighter futures these activities bring to our workers.

Program effectiveness requires a continuing effort to properly coordinate among Title V projects and contractors. To increase efficiency and eliminate duplication, we have taken the following steps:

(1) In February 1984, a new Equitable Distribution Quota was agreed upon and implemented for New Jersey Title V,

(2) Green Thumb is coordinating its project activity with the State Office on Aging, and with the 20 county offices on aging, and

(3) The contractors in New Jersey are now meeting jointly to discuss mutual problems and to explore ways to integrate or interface activities wherever possible. For example, in the 1984-5 program year, the New Jersey Office on Aging and Green Thumb propose a joint field staff training program which should improve skills and provide a greater range of insights into our work experience.

Added to these efforts, I am pleased to report that we have also reduced administration costs to 14%—that is 86 cents out of every program dollar goes to worker wages, proving that efficiency also increases delivery.

In response to your final questions on other changes in Title V, I cannot make a suggestion, only an observation. We are committed to serve as a priority the oldest and the poorest. There is, however, one group which falls outside this priority that merits attention—persons between 55 and 62, predominantly ladies, who in most cases are entirely without income. Perhaps with better coordination we can help somewhat, but it seems to me that, short of impairing the integrity of our present program, increases assistance and a clear signal from the Congress are required if we are to deal realistically with what is an area that calls for increased action.

Thank you.

New Jersey Unit, Green Thumb, Inc.—Dec. 31, 1983

Worker distribution by county:	
Atlantic	70
Bergen	38
Burlington	54
Camden	41
Cape May	34
Cumberland	58
Gloucester	25
Hudson	14
Hunterdon	15
Mercer	37
Middlesex	52
Monmouth	43
Morris	18
Ocean	45
Passaic	27
Salem	34
Somerset	17

Sussex	29
Union	31
Warren	32
	714

Mr. Ellertson. We are very proud of our Floyd Tucker, and I have to tell you a little story about Floyd. Floyd is over 90 years old. This is a few years back and Floyd already wore out a couple of wives. And he was going with a girl 19 years old and he decided to get married. Well, Floyd is a prudent man and so he went to his family doctor for a physical examination and he said Floyd was in fine shape. So the doctor kind of hemmed and hawed at the end and said finally, "Well, you know, Floyd, these honeymoons can be kind of strenuous. Kind of taxing. I have known heart attacks to come on, from a honeymoon." Floyd looked at the doctor and he said, "Well, Doctor, she is going to just have to take her chances."

Mr. Rinaldo. Very good.

Mr. Ellertson. Now, on a more serious note, I want to just kind of move back to 1981. We so seldom thank those in the Congress who work so well for us. In 1981, we had a National White House Conference on Aging. And one of the Congressmen who came to visit with the delegates, and he was not the kind of fellow to put in one of those Hollywood cameo performances, was a gentleman from New Jersey named Matt Rinaldo.

I want you all to know that Matt Rinaldo came every night during that week, when he was done with work up on the Hill, and he did not just stop by to say hello, but met, stayed with the delegates until they were done with their caucuses, every single evening. Gave them the benefit of his wisdom, advice and counsel, in helping them to formulate a proper and a good long-term policy for aging and the older citizen in America.

Now, you can take justifiable pride in having that kind leadership on this critical an issue here in New Jersey. And I know that Congressman Smith and Congressman Wortley are also fine supporters, but it is a source of much gratification and great pleasure for us to have your kind of leadership. And we know that as long as we have such leadership, New Jersey and the rest of the elderly population in America are indeed in good hands.

Mr. Rinaldo. Thank you very much.

Mr. Ellertson. As a kind of gesture of our gratitude, I told Matt the last time I saw him, we had forgotten to bring his hat, but I want to make each one of you an honorary Green Thumber, and here are your green hats.

Mr. Rinaldo. I really do not know what they are designed to protect us from.

Mr. Ellertson. Now, just one program note, if I might. We are extremely proud of the training and placement program we have instituted for New Jersey Green Thumb. I want to tell you it is a special source of pride to me to have a lady as assistant State director, who for 20 years in Mercer County has been teaching younger and older folks about the business world. Someone who really knows and understands training and training particularly for the private sector. We are delighted to have that kind of talent on board. Her name is Sydell Norris.

And as our placement director, we have a man named Tom Adams. Now Tom just came to us from the largest private employment agency in America, Snelling & Snelling. So he knows the ropes. He knows the rules. And he understands how to get it done. We are delighted to have that kind of talent working for older Americans in New Jersey and on our Green Thumb staff.

As I say, we did work out a brand new training and placement program. Improving job skills for unsubsidized placement and also increasing and improving our training of our field staff. Now this training for workers, included all the modes, on-the-job training, group classroom instruction and customized individual and group training, for all enrollees who wish to participate. But you have to have along with that, of course, a strong placement program ranging from individual counseling to job search assistance, job banks, job clubs, and any other techniques that we can use to get people better jobs.

The results have been very gratifying to us. You start slow, but you always walk before you run. We started slow at about 10 percent. We are up at 16 now and during the last quarter we expect to go about 23 or 24 percent. We are going to reach our yearly national goal of 15 percent of enrollees with good, stable, permanent jobs, out of Green Thumb.

Now, we require three things. We require, No. 1, that these jobs be better paid than title V. We require that they be at least more than half time, and we require that they are long-term in nature. It has to make a difference. It has to make a real difference for these workers.

More than that, we follow up. One month afterward and 6 months afterward, we get back together with that worker to make sure he or she is still there or if they need assistance or some more help or things have happened, we take them back and give them another shot at retraining.

What I want to emphasize above everything else, with regard to training, and the placement of older workers, is that the oldest and the poorest come first. And that probably means their opportunity for and their achievement level are not at the median level for the general population of America. It is a little tougher. It takes a little longer. You might have to approach it a little differently. It is not easy. There is no quick fix in this business. But I believe that all of our people, all of our field workers, all of our staff people can testify to the fact that that is the kind of psychic award and that is the kind of gratification that comes to those of us working in this field. To see that worker going up to a new job, a better job, he or she never thought they would have a chance to get. To see that elevation of self-esteem is one of the high rewards you obtain in this business. Thank you, Mr. Chairman.

Mr. RINALDO. Thank you very much, Mr. Ellertson.

Mr. Lebel, a share of the New Jersey casino revenues is required to be earmarked for the elderly. How do these casino funds relate, in the State of New Jersey, to the programs that you administer?

Mr. LEBEL. There is estimated for the coming year nearly $170 million being programmed for programs under New Jersey's Casino Revenue Act and that is, as you pointed out, dedicated to senior and disabled citizens of a State. The majority of these funds go in large blocks to individual programs, such as the Pharmaceutical Program for the Elderly and Disabled, the so-called Lifeline Program, which in this State is a partial rebate program for fuel expenses, and several other programs of this sort which take multiple millions of dollars.

I would say that the only real impact they would have on our programs is that they serve a similar clientele in terms of the elderly. Also there is a certain level of coordination whereby we know what they are doing and they know what we are doing. Most of these programs are not administered through our network, the Older Americans Act network, and indeed at this point hardly any of the funds which are provided to the State through casino gambling are administered through either the State division on aging or the county office on aging. But this is merely a decision on the part of New Jersey State government as to how these funds should be administered, but they still get to the seniors of the State.

Mr. **Rinaldo**. Do you think it should be administered through your network?

Mr. **Lebel**. I think that New Jersey has committed itself to a very dispersed system of aging programs and services. When I first became the State director about 2 years ago, we did a quick look at all of the departments of State government and found that almost every one of them had some aging program activities, and perhaps six to eight of them had a significant amount. Certainly the Departments of Human Services, Labor, Transportation, and Health; Higher Education might now be included in this group as well. So I think that in the State of New Jersey, the State government philosophy of decentralization of aging programs has been a longstanding commitment, and as such I do not think that a movement to administer them under one single agency would be necessary. I think what is important is continued cooperation so that these programs would be coordinated and that we do not duplicate services.

Mr. **Rinaldo**. Well, do you think that any funds in New Jersey are not being properly utilized and benefiting the elderly, because of duplication, because of a lack of proper integration, because the disbursement of those funds is not properly coordinated, or coordinated as well as it could be?

Mr. **Lebel**. You have really asked two questions. I would certainly say that there are no funds that I am aware of—and I think I could say I am aware of almost everything that is happening in the State as far as aging—that are being poorly utilized, or misutilized, or major duplication of services, et cetera. On the other hand, when you say "Might be even better administered" I certainly think we can always strive to do a better job of coordination. Every so often something will happen and we will say, "Gee, we didn't know about that." Or someone will comment "You have been doing your program since 1965 and yet we did not know about you!" So there is always an opportunity for better coordination, and I think we are girding our loins to do as good a job as we can with the limited administrative funds which are provided.

But I certainly do not feel that any of the programs are blatantly overlapping or really losing effectiveness by lack of coordination.

Mr. **Rinaldo**. Well, how successful would you say that you have been in the State of New Jersey in coordinating the activities of your office with those of other State agencies with programs which assist older New Jerseyites?

Mr. LEBEL. It is hard to judge how successful we have been. We regularly communicate with the other aging programs which we do not administer, and we periodically get reports of their successes in various programs. We certainly are not in a position to dictate to them how they should administer their programs, and indeed I do not think that we should be in that position.

Mr. RINALDO. How do you think you could do a better job?

Mr. LEBEL. How could we do a better job? I hate to say, "Give us more money." It is always the answer that people use. But the administrative funds allowable under the Older Americans Act are so few, I think we currently have less than 3 percent of our Older Americans Act allocation for State level administration, that it severely limits the staffing capacity of those sorts of coordination efforts I have been discussing. There is such a demand on us for certain kinds of fiscal monitoring, program management, et cetera, that somewhat more creative uses of person hours, such as coordination and outreach to other units of State government, are not really able to be mad at this time with current funding and staffing.

I think there should be a standard percentage per administrative such as we have recommended in our testimony. Another approach might be the consolidation of all the programs, such as the administration has proposed, which would allow us some flexibility in terms of administrative funds. This would allow us to perhaps identify some additional staff whose primary responsibilities could be to work on coordination with other aging services. Right now it rests largely on the shoulders of myself, my deputy and one other staff person who is involved in governmental relations. But really, I think it takes a more concerted effort, and even those of us I have listed are far from isolated just to doing this one job. So it becomes a major staffing problem, and some additional administrative funding would certainly help us.

Mr. RINALDO. Are you saying then that you favor the administration approach in that area?

Mr. LEBEL. I certainly do not disfavor the administration approach. I have not had a chance to really look at it as closely as I would like to. I think that anything that would provide to the States a certain limited increase in their administrative funding would be helpful, and I know that there have been a number of proposals, the administration's being one of those, to consolidate all of the different titles for funding. As far as the entire administration proposal I have not read it closely enough to say which individual issues would or would not benefit New Jersey. But certainly in general, our administration is supportive of those of the administration.

Mr. RINALDO. Thank you. Mr. Shields, you stated the present confusion of mandating that we give preference to the low income while not permitting a means test, should be clarified through the permissibility of local judgments on the use of sliding scales, especially when services are made available to the medically needy. And that intrigued me because title V older workers must meet a low-income requirement.

Does your testimony mean that you believe that some sort of limited means test or payment requirement should be instituted for title III, supportive and nutrition services?

Mr. **Shields**. We have had great difficulty in that. How can I state it? The law has stated we must give preference to the low income.

Mr. **Rinaldo**. That is correct.

Mr. **Shields**. I have done it, for example, here in Union County, just to give an example, when we set up nutrition sites, we set those sites up in those areas with the highest number of seniors with incomes below the poverty level. But we did not ask any individual, and we never do, "What is your income?"

Mr. **Rinaldo**. Excuse me. I want to go back to that. You said you set them up in areas where there is a large proportion of seniors?

Mr. **Shields**. Right.

Mr. **Rinaldo**. Geographical areas.

Mr. **Shields**. Right. The result has been that we are very proud here in Union County of percentage of low income we are assisting under the nutrition program, for example, as well as the percentage of minorities. But the fact is, though, that when you say help someone in need, there has to be at least some measure of the need and we have never been able, under the law, to set a need, so it has been conflicting.

Mr. **Rinaldo**. Well, then, would you favor a limited means test?

Mr. **Shields**. I do, how can I say, in local judgments making the determinations based upon the kinds of programs that we would be administering, not a blanket thing.

One thing I have found out here in the past dozen years in Union County, and I am sure that it is true throughout the State, there is a population that we are not really helping. I think we in Union County are running the only medically needy program in the State of New Jersey, so that we are pushing for medically needy legislation.

Now, I do not want to get off the topic of your remark, but we are having another critical situation happening here in the State as it relates to the Medicaid Waiver Program, where we are trying to give people more home health care, and the restrictive regulations from Federal Department of Health and Human Services is not permitting this intent of Congress to be carried out. So there should be sometimes when we can make our own local judgments as to who is needy.

I will give you one specific example as relates to medically needy, and home care. When we send a nurse into someone's home, and that elderly person needs the nurse, we hope that Medicaid will pay for it, if possible, or Medicare will pay or private health insurance or they will pay for it out of pocket. If none of those things work, we are fortunate here in Union County to have the assistance of title XX.

Now if they do not meet the means test of title XX in any case then we can help them with our title III funds. But we only want to do that if it is shown that they are going broke because they are medically needy and they do need the assistance. We just do not want people who really do not deserve it.

Mr. RINALDO. Under title V, what is your average client donation for supportive services? Do you know?

Mr. SHIELDS. Title V?

Mr. RINALDO. Title III, rather.

Mr. SHIELDS. I think it is about 45 cents.

Mr. RINALDO. How about for congregate meals?

Mr. SHIELDS. We are collecting about $178,000 a year in donations. That has gone up, so we are doing quite well in that area.

Mr. RINALDO. How about for home delivered meals?

Mr. SHIELDS. Home delivered I think is a little bit more. On the average. But that is the total for under both, C1 and C2, home delivered and congregate, about $178,000. But we do collect more. And that is donation. And we do not force anybody. We give them blank envelopes.

Mr. RINALDO. What do you do with that money?

Mr. SHIELDS. We increase our program with the additional funds.

Mr. RINALDO. You add it directly to your budget?

Mr. SHIELDS. Oh, yes.

Mr. RINALDO. And is the money utilized in the manner prescribed by Federal rules and regulations?

Mr. SHIELDS. I have never gotten into trouble in 50 years, so I am not getting into it now. We do certainly. Basic with grants administration is legality and accountability. We are very strict on that.

Mr. RINALDO. When you talk about a means test, do you think there could be a danger that clients could be intimidated or forced to contribute beyond their means? Because one thing I would not want is to turn it into a welfare program.

Mr. SHIELDS. Absolutely not. But this is why I say instead of writing a general statement into the law using means test, give the local area agency the permissibility to use their own judgment in setting up whatever sliding scale they think is appropriate within their area of any particular program that they administer. It comes down to local judgment. We are the ones.

Mr. RINALDO. That is what the law is currently. What I am unclear on is how do you do that, Union County?

Mr. SHIELDS. The way we are doing that in one specific program is letting the visiting nurse, who is really the case manager, make the judgment of whether or not the particular person they are helping is medically needy, since it involves a medical program.

Mr. RINALDO. OK. I have no further questions. Congressman Smith.

Mr. SMITH. Thank you for yielding. Just to follow up on that line of questioning with Mr. Shields, if I could ask Mr. Lebel, earlier in her testimony Dr. Tolliver noted that in 1981 the voluntary beneficiary contributions added up to something like $79 million. That jumped to $100 million in 1982. And in 1983 it jumped up to $117 million.

We have heard a little bit about what the county experience has been on these kinds of contributions. Could you provide for the committee what the statewide perspective is? And add to that, does it vary from county to county, from city to city, from municipality to municipality, in terms of contributions?

Mr. LEBEL. Yes. It definitely varies significantly from municipality to municipality, between counties, and between areas of the

State. New Jersey is not a very large State. Having not too many years ago spent some time in Nebraska, I know they do not consider New Jersey a very big State. But certainly New Jersey is more diverse by far than most States, and within that kind of diversity there are areas of the State where the elderly participants at the various programs are more able to make contributions, and indeed many of them do contribute.

There are parts of the State where I would be very hard pressed to see a program which required and put real stress on contributions because I am afraid that we would really not be able to address the needs of the program if we had that. I also have problems with legislation which would permit the equivalent of means testing on an area decision basis, because I can see massive traveling by the elderly across county lines and people trying to use other agencies' programs in order to avoid this kind of situation. I think that anything that is going to be done would have to be done generally across the board, and plus, as noted in my formal statement, I do not feel that a means test is appropriate for the Older Americans Act at this time.

I think that we are having great successes in the initiatives which both the Federal Government has pressed on us and we also have adopted as our own, to try to increase contributions. And we have seen over the past several years significant increases, not just in the nutrition program which has traditionally had some level of contribution, but in the IIB programs, which have not in the past had as significant a contribution program.

We are also looking at various ways through model projects, through training, through materials, et cetera, to continue to increase that level, and I think it can happen. Likewise targeting of programs to areas of low income, et cetera, is something that we are doing not by a mandate, but by indication that it is where we should be showing priority and we are showing successes there as well.

So I really think that the network should be given the benefit of successes in having addressed needs without mandates to do means testing or to serve a specific population group in isolation. Really, the general bill which is for elderly people, for all older persons, has succeeded in targeting through the less stringent statements that are currently included in it.

Mr. Rinaldo. Excuse me, if you would yield for a moment. I think Pete Shields wanted to comment on that.

Mr. Shields. In regard to the contributions, the contributions at one point about 2 years ago, $150,000, now they are $178,000. We are not pushing anybody. And the contributions do vary from site to site, depending upon the location.

I just wanted to mention, before we get off the topic. You brought up a very important point about coordination. And in your recommended legislation on the 4785, I was very impressed about the suggestion of a Federal coordinative board on the aging, where you bring in as members the different departments throughout the Federal establishment. It might be a good thing to require this in the law for each and every State, each and every State have a State coordinating board on the aging.

Mr. RINALDO. I think that is an excellent suggestion. I think it is something that certainly should be investigated for possible implementation at the State and county level.

Mr. SMITH. Mr. Lebel, most of the municipalities plow the moneys obtained through the voluntary contributions back into their own program?

Mr. LEBEL. Oh, yes, as I understand, and I do not want to start quoting the fiscal rules and find out that I have said something slightly wrong, but I believe that their options are either to plow the money back into the program or to reduce their Federal funding. So it is not that they could use it for other purposes. And very few of them have volunteered to reduce Federal funding, but certainly they have reprogramed the moneys to increase the size of their programs. I think it has been very successfully used for that purpose.

Mr. SMITH. So there is an incentive for the program administrators to try to keep these moneys?

Mr. LEBEL. Absolutely.

Mr. SMITH. Another question. Do you believe that the New Jersey Division on Aging is kept adequately abreast on national title IV research and demonstration activities?

Mr. LEBEL. My initial feeling was just to say no and stop showing off by giving a one word answer. But partly because it is not in my nature, and secondly, because I really think I do need to modify that, I will give a larger response. No; we are not. We know very little of what is being done. I think I have a history of over 10 years in the network, the Older Americans Act network, and I have never felt that there was even a beginning of a serious success in disseminating information.

At the same time, sitting in the job that I currently hold, if there was much more coming to me in the way of written material, and in the forms that it usually reaches me, I do not know how I could utilize it anyway. It is coming through in massive reports, 3, 4, 500 pages, a lot of words, and I really do not know what to do with it when I get it. I usually end up setting it aside or giving it to somebody who likewise sets it aside.

I have seen very few grants that have been allocated in a broad range of aging research, demonstrations, models, and so forth, that I would say was not a good idea. I am glad to see the work being done. But if there was some way to professionally look at this, analyze it and present for the practitioner a useful body of knowledge, in some kind of a readily employable form, it would be a fantastic service. Then I could say, absolutely, "No; we are not getting enough." I am just afraid a "no" answer at this point might end up getting us more of these 500-page documents that really would not help much.

Mr. SHIELDS. They should be required to do their research in basic English, so that the practitioner and administrator can understand what they are talking about.

Mr. SMITH. You read the Federal Register, too.

I have a question for Mr. West. You mentioned that you have witnessed the development of community-based, long-term care plans in New Jersey with little input from the aging network. Could you expand upon that a bit?

Mr. WEST. Yes; as you are aware, the State of New Jersey, particularly through the Department of Human Services, the New Jersey Department of Human Services, has been actively involved in developing a long-term care plan. The involvement of the aging network, particularly the area agencies, has been extremely limited. The State division on aging did contract with a consultant for the purpose of examining the role of the area agency in the development of community-based, long-term care systems. And it became quite obvious that at this point in time there was no clear, definitive role for the area agencies to play in terms of development of that plan or the implementation of that plan.

We have been very active in terms of an association in trying to get more in-depth clarification in terms of how we fit into the overall system. As Mr. Lebel has indicated, the amount of funds that we do administer is very miniscule in comparison to the overall statewide expenditures for aging services. It is not that we in effect as an area agency on aging want to have veto power or authority in terms of determination of where the services go, however, we feel it is vitally important if we are expected to maximize the resources that we have available, that there be some strong effort in the area of coordination of the services between AOA funding and non-AOA funding.

Mr. SMITH. One final question, Mr. Chairman. And it is really partly a comment. First of all, I want to thank Mr. Ellertson for the cap. I guess you could call work on the Hill hazardous duty.

Mr. Chairman, on a serious note, I would like the record to show that I am a very strong supporter of title V. Could you tell us how long is the average title V enrollee's stay on the job?

Mr. ELLERTSON. In our program in New Jersey, I would estimate it at roughly 3½ years. We have not had an active, vital training and placement program prior to this time. And some people have been on as much as 15, 16 years.

Mr. RINALDO. If the gentleman would yield. Why have you not had that type of program in New Jersey?

Mr. ELLERTSON. I do not know, sir. I have only been here for roughly 21 months. I have some notions, but I think in part it was a lack of attention. In part it was a lack of, prior to about 2½ years ago, a lack of national emphasis on training and placement.

Mr. RINALDO. Well, I would like the record to remain open so you can submit a statement definitively pointing out why in New Jersey, you have not had the type of active program that we are interested in seeing implemented.

For example, at a recent Older Americans Act hearing in Washington, I asked the title V witnesses about their transition rates to private employment. You say you will reach your goal with 15 percent. Yet AARP, for example, has an average 40-percent transition rate. How high do you think you will be able to go?

Mr. ELLERTSON. As I said earlier, Congressman, I do not want to dispute anyone's figures, but this is not an easy business. You cannot achieve, in my view, anything like 40-percent rates on true long-range placements. I know, we have had some States who operated for a while what we called a revolving door policy. No good. That is no service to the older worker. It takes time and training. It is not easy. It is not quick.

Mr. **Rinaldo**. You still have not answered my question. What rate do you think you could achieve, given the 21 months you are on board?

Mr. **Ellertson**. Well, we are going to achieve our 15 percent.

Mr. **Rinaldo**. And you feel that is the best you can achieve?

Mr. **Ellertson**. That is a maximum program, in my view, for right now.

Mr. **Smith**. How cooperative have business and industry in New Jersey and groups like the chamber of commerce been?

Mr. **Ellertson**. Private groups and host agencies have been most cooperative, but it was a new message. It was a brandnew message. They had not heard that message prior to 16, 17 months ago, when we held our first round of statewide meetings in every county with the host agencies, to tell them that one of the rules from now on was that either you help our people achieve employment in the private sector or you make a hire of one of our workers. That is the name of the business.

Now, you can run a maintenance kind of program. You can run a low profile maintenance sort of program, where you do not emphasize placements. And you can do pretty well on your costs, worker costs as against your administrative costs. But if you are to have a proper, well integrated, well coordinated program of training and placement so that people can get better jobs that are permanent jobs, this takes money and time

Mr. **Smith**. Of the 15 percent, what are the types of jobs that are—I see the chairman gesturing and would be delighted to yield to him.

Mr. **Rinaldo**. Would the gentleman yield on that point? I want to get back to that other point. I think we are getting away from it too quickly. Because in my own view, the emphasis on private placement was dramatized, and I think proven by the AARP at the hearing in Washington. I for one personally believe that they do have a 40-percent rate. And looking over your testimony here, your written testimony, you say: "We do not anticipate difficulty in reaching the 23 or 24 percent needed in the fourth quarter to meet our annual target rate of 15 percent." Well, if you could reach 23- or 24-percent placement in the fourth quarter, do you not think with a little more effort and a little better designed program and a little harder work, you can reach 23 or 24 percent on a year-round basis?

Mr. **Ellertson**. We may very well reach 20 percent the second year. But you will have to realize that is an annualized rate, and that this is a brand new program. It has never been tried.

Mr. **Rinaldo**. I know the problems that have plagued the New Jersey Green Thumb Program. I think you are certainly well aware of the previous director.

Mr. **Ellertson**. All too aware.

Mr. **Rinaldo**. Your predecessor, I guess he ended up in jail for not doing the job properly. And I am hopeful that you can plug away at this and we can get the kind of placement rate that will make New Jersey stand out nationally.

Mr. **Ellertson**. Well, we have no intention of stopping at 15 percent. But that is the target for the first year.

Mr. SMITH. Mr. Ellertson, if you could just tell us what are the top three types of jobs that are placed of the 15 percent?

Mr. ELLERTSON. Clerical, for one. Some new jobs in the field of computers. We have computer training programs. And I am not sure what the third is. I would have to check.

Mr. SMITH. I yield the balance of my time.

Mr. RINALDO. Your time is expired. Mr. Wortley.

Mr. WORTLEY. Mr. West, how many New Jersey area agencies believe that the title V employment program would be operated more effectively, more efficiently under the Administration on Aging than the Department of Labor?

Mr. WEST. Based on a consensus, I think that the majority found by and large agree that title V could better be served through the Administration on Aging.

Mr. WORTLEY. Why?

Mr. WEST. Well, basically we feel that much of the placement, of course, of a lot of title V programs are within the aging areas, such as nutrition programs, social service programs, and what have you. And it makes for what is generally felt better coordination and particularly in terms of providing the necessary added support for aging services. They represent a substantial contribution, overall dollars in terms of aging services, and it is felt that they could better be administered through AOA.

Mr. WORTLEY. You mentioned a number of ways in which we could better target services to minorities and others, including perhaps affirmative action, minority contracts, and outreach. Have any of these efforts paid off in the State of New Jersey?

Mr. WEST. OK, Congressman. Currently I am part of a statewide planning group which anticipates holding a statewide conference on serving the minority elderly, particularly the black elderly, in aging services. There is hope that through this conference we can better identify those barriers, either existing or perceived barriers, that account for underrepresentation of minorities in aging services. Hopefully from that, and we have had expressed support from the State division on aging. We have the total support of the New Jersey Association of Area Agencies. We hope that the conference will only be the beginning of examining those problems that confront minority elderly.

And from that we hope to articulate some sort of strategy that can be utilized by the aging network in improving those numbers.

Mr. WORTLEY. Thank you, Mr. West. Mr. Lebel, how successful has the New Jersey Division on Aging been in implementing the Administration's initiative toward increasing volunteer beneficiary contributions?

Mr. LEBEL. I do not have a percentage to give you. I can tell you my gut feeling that we have been very successful. There has been no resistance, and I think that was the thing I expected first, that the service providers would say: "You people who make these initiative ideas do not know really what it is like in the trenches giving services to people." We have all heard the arguments that if we try to increase contributions, the people who can contribute are the ones who need the service perhaps the least, and those who need it the most may stop coming. What we found is through a reasonable approach of trying to provide information, material, assistance, et cetera, to the county offices on aging, nutrition directors, and the site managers, et cetera, that we have been able to explain to them the needs for this increased income for the programs, and also at the same time help them communicate this to their clientele in a way that is not going to turn off those people that we most want to serve.

Mr. WORTLEY. And it varies from area to area?

Mr. LEBEL. Very much so, very much, yes.

Mr. WORTLEY. Is there any evidence that would indicate that senior citizens might be intimidated or asked to contribute more than they can rightly afford?

Mr. LEBEL. There is no evidence that any activity of that sort has been allowed to continue beyond the very beginning of any one person's idea. Through the monitoring being done at the area agency level or through our State level monitoring, we would catch that and quickly put a stop to it. And we do not sense in any way that there are efforts of that sort that would intimidate or otherwise turn off the older participants. Now that is not to say that it could not happen. It is just to say it is one of the reasons we have our ongoing monitoring activities at the area agency and State level to make sure they do not happen, and that we use other less threatening and less intimidating approaches to really not increase contributions from people who cannot afford it, but rather to get a fair contribution from across the spectrum of the individuals participating.

And, again, just the dollar figures that have increased over the past few years have suggested that we have been successful to some extent. I would hope that we could continue with that increasing level, and this is certainly our objective.

Mr. WORTLEY. Do you have the average client contribution?

Mr. LEBEL. I do not have the figures. I could certainly get them for you.

Mr. WORTLEY. If you could provide those to us, we would appreciate it.

Mr. LEBEL. I would be happy to.

Mr. WORTLEY. I yield back the balance of my time.

Mr. RINALDO. Thank you. You have been very helpful. And I recognize the difficulty and complexity of the tasks before you. And I want to assure Mr. Ellertson, in particular, that if there is any way we can be of any assistance at the Federal level, please do not hesitate to call on us, because we certainly want to make that rate in New Jersey as high as possible. Thank you very much.

Now, our final panel is on geriatric education, training, and research. We have two witnesses, Joann Maslin, the vice president of the Gerontological Society of New Jersey, and Robert Famighetti, the director of Kean College Gerontology Center.

I might point out that we have your testimony. It has been entered into the record in full. I know it is a little lengthy. So I would appreciate it if you would both adhere to the 5-minute rule and summarize your testimony and then we can get on with the questions. You may begin.

PANEL THREE—GERIATRIC EDUCATION, TRAINING AND RESEARCH: CONSISTING OF JOANN MASLIN, VICE PRESIDENT, GERONTOLOGICAL SOCIETY OF NEW JERSEY; AND ROBERT FAMIGHETTI, DIRECTOR, KEAN COLLEGE GERONTOLOGY CENTER

STATEMENT OF JOANN MASLIN

Mrs. MASLIN. Mr. Chairman, I come before you this morning to discuss the reauthorization of the Older Americans Act of 1965 and title IV as it pertains to two areas in which I have become involved. First, as vice president of the Gerontological Society of New Jersey, I would like to focus on how title IV has impacted upon the society and assisted in its growth as a coordinating society for aging matters in the State and development of educational resources for those providing services to New Jersey's older citizens.

The purpose of the Gerontological Society of New Jersey is to provide a forum for the interchange of information related to practice, administration, research, and education, to stimulate inquiries and to provide leadership on policies and issues, function as an advocate, to conduct educational programs, and undertake such activities related to the field of aging as may be appropriate.

The membership of the society is open to all persons interested in the professional purposes of the society. The membership may participate in any or all of the committees, which are designed to conduct programs to meet the needs of each committee. These are the administration committee, the practitioners committee, the research and education committee.

In addition to other committees organized to maintain the operation of the society, there is a publication committee which is responsible for the publication of the Quarterly. The Quarterly disseminates information and research of vital interest to those working in the aging field.

The Gerontological Society of New Jersey had its beginning in 1968 when two residential seminars were held in Princeton. Funded by a grant from the U.S. Department of Health, Education, and Welfare, a seed was planted.

With the funding of title IV of the Older Americans Act, the society has been able to offer our members, as well as the aging network in general, a broad outlook into the multifaceted issues of aging which impact on not only the administrators, practitioners, educators, and researchers, but upon the life of the older adult.

With the assistance of title IV and cooperation of the New Jersey Division on Aging, the society has been able to offer quality seminars from 1980 to 1983 which encompass the following topics: Dynamics in health care of the aged, reflections on the aging field, economic changes in the 1980's, hospice, the New Federalism, aging and the family, ideal aging in the future, realities and issues for older women, sexuality and aging, intergenerational aging.

Through title IV, the society also was able to cosponsor a seminar on policies and issues of work and retirement. This June the society is planning a seminar on "Wellness, a Lifetime Commitment" with Ken Dychtwald, an international authority on wellness, as the keynote speaker.

The society has applied to the New Jersey Division on Aging for funding to support this conference. This funding is included in the proposal of the New Jersey Division on Aging for fiscal year 1984 funds.

The New Jersey Division on Aging through its education and training program and title IV has assisted the society in planning and conducting quality programs in order that professionals may be trained to serve the needs of older citizens. The research engendered by these programs has been distributed throughout the State by the membership and by the others attending the programs.

Grants have been awarded under title IV from October 1, 1978 to September 30, 1983 to the total of amount $10,100.

The Gerontological Society of New Jersey recommends the reauthorization of the Older Americans Act in order that education and research may be continued.

The society sees an expanding role [illegible] coordinating and disseminating training and research materials, a role which once was taken by the Rutgers Institute on Aging which has been disbanded. For an increasing older population, there is an expressed need for research into improving the quality of life for the older person. Coordination of research events and planning needs to be supported, as well as duplication of effort eliminated. A professional society such as the Gerontological Society of New Jersey may serve in these roles. In this time of budgetary constraints, those working in the field must continue to be trained. Funding for training direct service as well as research is a vital part of programs affecting our older adults. Effective utilization of extant programs and information about these programs are another priority of funding.

The Gerontological Society of New Jersey is grateful for the funding of title IV programs. The support which has been given has aided in increasing the level of professionalism within the organization and has aided the society through its activities to help in meeting the goals of the Older Americans Act.

I come to you also as coordinator of the Gerontology Program of Union County College. This program was funded under title IV-A in 1980 to provide a 2-year gerontology option in its human service curriculum leading to an associate in applied science degree or a certificate in gerontology. The multidisciplinary program is designed to train individuals for immediate employment in social, health, recreation, and community organizations serving the needs of the elderly and for those already employed in the field to upgrade their skills and knowledge.

Union County College enrolls 9,000 students and is one of two State community colleges offering career training in gerontology. At the termination of the grant in December 1982, the college assumed the full support of the program. Title IV funding offered opportunities for curriculum development, faculty training, student financial support, in-service training for the community and the opportunity to share knowledge and research with Union County's aging network as well as other academic institutions and social service agencies throughout the State.

Annual colloquia sponsored by the Gerontology Program covering the topics of "Alternatives to Institutionalization (Social and Medical)," "Adult Day Care," "Housing Options for the Older

Adult," and "Voluntarism" have been offered to the social services agencies of the county, students, and senior citizens. Cooperative efforts have been funded for training with Columbia University and the New Jersey Division on Aging on the subject of handling the disruptive client. The county division on aging and the Gerontology Program have cooperated in sponsoring an information and referral seminar for clergy as well as the information and referral spring course for social service personnel and others concerned with problems of the older person. The Geronotology Program has cosponsored a series of therapeutic workshops on drama, art, and exercise with the county division on aging and the local junior league.

Fifty-three students are now enrolled in the program. Since the students enrolled represent many different age groups from traditional college freshmen and sophomores to returning homemakers, professionals in the field, clergy, and senior citizens, classes are offered in the day, evening, weekends, and in the summer. By June 1984, 17 students will have graduated from the program. Six of the graduates will have or have matriculated to 4-year college. The remaining students all have obtained jobs in the aging field.

Research has been conducted by the sociology of aging class into the structure of nursing homes in Union County and a "Consumer Guide to Nursing Homes" has been published in cooperation with Catholic Community Services and the Union County Division on Aging.

Since the majority of students in the program will serve the elderly in programs operated for the older adult, students are currently designing programs which they may utilize and share with others. Some of the programs are: activities for men residents of long-term care facilities; an intergenerational program for a church; recommendations for nonprofit housing for senior citizens in a local municipality; development of activities for condominium group living; an outreach program for the frail elderly of a church congregation, and an exercise program for the county's LTC geriatric wing.

The gerontology coordinator has participated on the State level in discussing qualifications for a statewide certificate in gerontology. She has consulted with other 2- and 4-year colleges on program development. She has spoken in the fall at the State of State Gerontology Program Update sponsored by Rutgers Institute on Aging. She has also spoken widely to senior citizen groups in churches, senior centers, nutrition sites, and social service agencies.

As a member institution of the Association of Gerontology in Higher Education, she has served on its membership committee, delivered a paper on "Community Networking" and shared gerontological training and curriculum with the AGHE members. All this has been made possible by the funding of Union County's Gerontology Program under title IV and the programs establishment on firm academic footing within the college.

The Gerontology Program is a source of referral for all senior citizens in the county. The college shares its facilities with senior citizen groups. One of its students is sponsoring a self-help group for aging parents. The Community Outreach of Union County College students reaches out to many social service agencies in the county through the externship course and the voluntarism of the students.

I would recommend the continuation of funding under title IV for strengthening gerontological degree programs. These programs not only provide gerontological education in the academic setting but also are a resource for short-term in-service training for practitioners and continuing education for the older adult.

With the growing population of older citizens, resources and information for senior citizens, students of gerontology, children of the aging, and social service personnel need to be strengthened and expanded. Colleges and universities are important agents in these tasks.

Mr. RINALDO. Thank you, Mrs. Maslin. Mr. Famighetti, and in the interest of time, once again, we would appreciate it if you would summarize your testimony and the record will remain open for committee members who want to submit additional questions to do so.

STATEMENT OF ROBERT FAMIGHETTI

Mr. FAMIGHETTI. I will try to be as brief as I can. As director of the Gerontology Center at Kean College in New Jersey, and project director of the northern New Jersey regional gerontology education and training project, the reauthorization of title IV and its impact upon institutions of higher learning is of great importance. As many of my colleagues in the field have stressed, the impact of further cuts in title IV appropriations would seriously impede efforts at service delivery. In fact, it has been stated many times in the literature that it is through well qualified and trained personnel that more efficient, cost effective, and quality services are provided.

The aging service programs that are in fact so important to maintaining the quality of life of older Americans are enhanced and fostered by the efforts of the education community to provide these needed applied training and education services. As reported by the Association for Gerontology & Higher Education, the number of educational programs in gerontology has declined steadily since the latter part of the 1970's. And fear is that fewer opportunities will exist for quality education and training in gerontology.

With the distinct possibility of fewer resources available for expansion of the educational model in aging service delivery, the question becomes one of maintaining and enhancing existing programs of gerontology training and education.

Specifically, the project that I am speaking of is the regional gerontology education and training project. We have been funded by title IV moneys for in-service professional training since 1978. Over the years we have developed a close and beneficial relationship with our Union County Division on Aging and the State division on aging. These moneys have provided the necessary support for Kean College to provide training for some 500 to 600 aging service providers each year. Thus, since 1978, Kean College has trained some 3,000 professionals in a variety of applied topics in the field.

My testimony will give you the complete listing of those topic areas. In the interest of time, I will not reiterate them. But perhaps a couple of points need to be underscored before I summarize my testimony.

It should be mentioned that at the end of each project year's period, an evaluation is sent to each of the county area agency on aging directors served by the Kean College project, seeking their overall impression of the year's training and their comments on specific aspects of the project. Of those responding, most are quite satisfied with the quantity and quality of the programs provided and the benefits derived.

Directors often comment on direct benefits derived by their personnel from training. Directors have commented that training allows for skilled development and specific knowledge gain in areas that are needed by staff, but often cannot be provided by the area agency. This point needs to be further underscored. The area agency on aging's primary responsibility is to provide services to older adults in their communities. The AAA staff member's ability to deliver these services, demands current knowledge and skills in a variety of areas.

It is unrealistic to expect the AAA to provide the kinds of training needed by all staff in meeting community needs. Thus, it seems most appropriate for the aging network to seek out the kinds of relationships, institutions of higher learning can provide, in assisting the aging network to provide services and upgrade staff competency.

The very limited funds that are provided to Kean College go a long way in providing quality programs that are needed by practitioners in the aging service network. The possibility of further cutbacks, even elimination of the title IV funds, would seriously impact on practioners' abilities to provide services, gain valuable experience and skills needed in an ever-changing field, and better understand the population they are serving.

Let me provide one other perspective to this issue. If title IV-A funds were not available for training, most practitioners would only have access to the educational programs in gerontology. These programs, while excellent in their own right, cannot provide the kinds of short-term skills development needed in this field. Courses in geronotology are constrained by the educational institutions they are housed in by semesters, term papers, theoretical applications, and the like. Not that these efforts are belittled in any way, but the fact is that most aging service personnel are unable to take part in these programs.

Therefore, the provision of training efforts are a must if we are to continue to have qualified and skillful personnel working with our elderly.

In the way of a summary, therefore, let me state that the impact on educational institutions training efforts would be severe if title IV appropriations are not continued. The impact would be felt in the following four ways:

First, educational institutions would, in all probability, not be able to continue such in-service training efforts without some support to the institution. This support must be direct and speedy, cover the cost of project support staff allocation, and the publication of training materials.

Second, the aging service network would, in all probability, have little opportunity for training. The cost of most private organizations that do provide gerontological training is prohibitive to agencies and their personnel. The nominal cost of the Kean College activity is reasonable to county and agency budgets, and provides quality training at reasonable cost.

Third, the impact on service delivery to older adults is perhaps the greatest. The literature is quite clear that program development and service delivery is best when conducted by trained and qualified personnel. The field of gerontology is one that is quite multidisciplinary in scope and attracts a diverse network of personnel. It has been previously stated that training in gerontology is scarce among most gerontological personnel. Training provides the needed and current skills and knowledge required for effective service. Without such opportunities provided to personnel, it is in fact the older adult who eventually suffers.

And, last, the educational institution, too, will also suffer from a curtailment of such funds. Since 1978, Kean College has provided training activities to half the gerontology personnel in this State. Over the years, a close working relationship has developed between the educational sector and the real world of service delivery to older adults. There is an expectation on the part of the service network for educational institutions to be there to lend support and knowledge to staff. The 64 training activities conducted over the past 5 years, are a clear indication of the kind of supportive guidance that educational institutions can provide to workers in the field.

It is also an indication that the two sectors can work well together to meet a mutual goal. That goal, committee members, is to serve our older Americans as best we can.

Thank you.

Mr. RINALDO. Thank you, Mr. Famighetti.

[The prepared statement and additional material submitted by Mr. Famighetti follows:]

PREPARED STATEMENT OF ROBERT A. FAMIGHETTI, ASSISTANT PROFESSOR OF GERONTOLOGY, DIRECTOR OF GERONTOLOGY, KEAN COLLEGE OF NEW JERSEY, UNION, NJ

Mr. Chairman and distinguished members of the committee, it is again a pleasure to address the committee on matters of great concern to those of us in the field of aging-services and education. The reauthorization of the Older Americans Act is perhaps one of the most important matters facing the future of aging services for the coming years. The particular concern being addressed by my testimony today will be the titles concerning education and training, specifically title IV-A. As director of the Gerontology Center at Kean College of New Jersey, and project director of the northern New Jersey Regional Gerontology Education and Training project. The reauthorization of title IV-A and its impact upon institutions of higher learning is of great importance.

As many of my colleagues in the field have stressed, the impact of further cuts in title IV-A appropriations would seriously impede efforts at service delivery. In fact, it has been stated many times in the literature and by various organizations concerned with education and aging that it is through well-qualified and trained personnel that more efficient, cost-effective and quality services are provided, this relationship between higher education's role in providing training and education opportunities to service providers and the impact on service provision has been the subject of two special issues of "generations", a publication of the Western Gerontological Society (generations, summer 1983: spring 1982). The aging service programs that are, in fact, so important to maintaining the quality of life of older Americans are enhanced and fostered by the efforts of the education community to provide needed applied training and education in the field. As you are well aware, many institutions of higher learning embarked on aging education when Federal monies were plentiful and seemed limitless. Now, as these monies become scarce, institutions, while deeply committed to the need for such education and training, have had to make serious decisions about these programs. As reported by the association for gerontology in higher education, the number of educational programs in gerontology has declined steadily since the later part of the 1970's, and fear is that fewer opportunities will exist for quality education and training in gerontology. With the distinct possibility of fewer resources available for expansion of the educational model in aging-service delivery, the question becomes one of maintaining and enhancing existing programs of gerontology training and education.

Title IV-A of the Older Americans Act has been a great impetus to institutions to begin gerontology education and training efforts. In the State of New Jersey, for example, several institutions have relied heavily on these Federal monies to support curriculum and student development over the years. We at Kean College, however, developed our gerontology program without the assistance of Federal title IV-A monies, although we certainly have tried to secure some over the years. These monies would have provided the needed "seed" money to enhance our curriculum and support faculty retraining efforts, which are a major focus of this and many educational institutions at the present time. However, since the use of Federal monies has been instrumental only in developing our center's training emphasis, this will form the main focus of my presentation.

In addition to the Gerontology Education Program at Kean College of New Jersey, we have been supported by title IV-A monies for in-service professional training since 1978. Over the years we have developed a close and beneficial relationship with our Union County Division on Aging and the State Divison on Aging. These monies have provided the necessary support for Kean College to provide training efforts to some 500-600 aging-service providers each year. Thus, since 1978, Kean College has trained some 3,000 professionals in a variety of applied topics in the field. To give committee members some idea of the scope of these efforts, I have provided the committee, as an addendum to my testimony, a copy of the regional training concept and listing of 1983 training programs from our annual report for your information. Let me, however, give you some idea of the kinds of training we have provided over the years. In the early years of the project, we offered basic introductory programs in psycho-social aspects of aging, understanding depression and suicidal behavior, sociological aspects of aging, understanding the Older Americans Act and other aging legislation, and mental and physical well-being, to name a few. These early training programs coincided with the need to provide basic aging information to a field of professionals who worked with older adults, but who lacked the formal education and knowledges of aging and the aging process. It is a well-documented fact that at least 90 percent of the aging service network have no formal education in gerontology and seek such in-service training efforts as a way to enhance both knowledge and skills. In more recent training years, we have conducted programs on: dealing with the disruptive client, understanding sensory loss and its impact on service delivery, providing services to the minority elderly, counseling skills with the elderly, volunteer management/development, fund-raising techniques, cost-effective programming, grantsmanship and computer usage for the human service professional. The regional training concept in New Jersey operates as a conduit for educational institutions to work cooperatively with the county offices on aging and various service organizations in developing and implementings training programs. As explained in the addendum materials, this working relationship is a much needed and highly successful method for conducting training. It allows the aging network to funnel their priority needs to educators who in turn develop, in a mutual exchange of information and ideas, quality programs of training to meet these needs. Our efforts here at Kean College, and in the state as a whole, have been quite successful. Let me give you some specific examples of our success.

Each program is evaulated by the trainees. Likewise, the trainers also have an opportunity to evaluate the project. These evaluations, which are summarized in each year's annual report, state quite emphatically that the programs provided meet trainee's needs, provide new and needed information on the topic, and are helpful in doing their jobs better. For example, in June 1983, we conducted a 1-day seminar on discharge planning; 22 trainees attended. While the program received a positive overall evaluation, several trainees took the time to write me as project director to thank us for this program and how much they had learned as a result of it. Likewise, in October 1983, a 2-day program on diagnosis and treatment of mental disorders was conducted. Again, very high quantitative evaluations were received, and several kind letters were also received to comment on specific aspects of the training, the trainer, and the wealth of information learned. It should also be mentioned that each project year's end, an evaluation is sent to each of the county's area agency on aging director's served by the Kean College project seeking their overall impression of the year's training and their comments on specific aspects of the project. Of those responding, most are quite satisified with the quanity and quality of the program provided and the benefits derived. Directors often comment on direct benefits derived by their personnel from training, and, in addition, over the past few years many have seen improvements in staff knowledge and skills in job-related tasks. Directors have commented that training allows for skills development and specific knowledge gain in areas that are needed by staff but often cannot be provided by the area agency.

This point, perhaps, needs to be underscored. The area agency on aging's primary responsibility is to provide services to older adults in their communities. The AAA is staff members ability to deliver these services demands current knowledge and skills in a variety of areas. It is unrealistic to expect the AAA's to provide the kinds of training needed by all staff in meeting community needs. Thus, it seems most appropoiate for the aging network to seek out the kinds of relationships institutions of higher learning can provide in assisting the aging network to provide services and upgrade staff competency. The very limited funds that are provided to Kean College go a long way in providing quality programs that are needed by practitioners in the aging service network. The funding provided to Kean College is often assumed by many to be substantial, since we have continued to provide 12 to 15 programs each year since 1978. But, in fact, the amount of money provided to the project has steadily declined. In 1978, Kean College received some $30,000 to do what we are doing in 1984 for $8,000. The college's match to these monies, and the increased registration fee charged, all help in defraying cost to the project. In 1984 the project is almost entirely a self-supporting endeavor. Trainees are expected to pay more for the training. Complaints abound as costs increase, but still programs attract substantial trainees and are sought as the least expensive of the activities available in the State.

It is often asked of me, what would happen if Kean College did not provide the kinds of training it has been doing? It is quite clear that little or no effective training would be provided to the region. Kean College is a respected institution for in-service training, and if these efforts were not continued there would be a sustantial lack of opportunity for such activities. Counties could realistically provide only limited training to personnel on what appears to be very limited allocations. Most counties do not have a trained staff development coordinator in their offices nor would most want to take on this responsbility.

The possibility of further cutbacks, even elimination, of the title IV-A funds would seriously impact on practioners abilities to provide services, gain valuable experience and skills needed in an ever-changing field, and better understand the population they are serving. The field is rampant with misguided, stereotypic and misdirected personnel who lack the kinds of opportunities for skills developopment and knowledge improvement that a project such as ours attempts to achieve. Despite comments to the contrary, if title IV-A funds are not continued, efforts such as those begun here at Kean College of New Jersey will have to close, and personnel in the field will suffer from a lack of opportunity for knowledge, which, in the long run, will impact greatly on older Americans who are served by less able and knowledgable professionals. The field of gerontiology is a rapidly changing and growing field. New developments and new research provide promising new knowledges and skills each day. Opportunities must exist for educational institutions, who are the conduits for such dissemination, to provide training and education to those who work in the field.

Let me provide another perspective to the issue. If title IV-A funds were not available to training, most practitioners would only have access to educational programs in gerontology for enhancement. These programs, while excellent in their own right, cannot provide the kinds of short-term, skills development needed in this field. Courses in gerontology are constrained by the educational institutions they are housed in to semesters, term papers, theoretical applications, and the like. Not that these efforts are belittled in any way, but the fact is that most aging service personnel are unable to take part in these programs. Therefore, the provisions of training efforts, such as those provided here at Kean College of New Jersey, are a must if we are to continue to have qualified and skillful personnel working with our elderly.

From the educational institution's perspective, however, there are additional issues. First, with decreasing monies made available to institutions to provide such training, there is increased delay in notifications to colleges, and the transfer of funds to college accounts. For example, Kean College is very happy and pleased to continue the regional training project for an unprecedented sixth year, however, the cost to the college since January 1984, the supposed date of implementation has already exceeded several thousand dollars. We have yet to receive even a letter of notification from the State Division on Aging about our continuation (pending notification from the Federal Office to the the regional office down to the State). Thus, the college project is placed in a catch-22 situation. We are expected to fulfill our grant agreement for 12-15 training activities from January-June 1984 and September-December 1984. Yet, without even the notification of funding received by the college, the college is "stuck" providing monies to a project which, in some possible way, will not be funded. The expectations of the State and the Federal governmental agencies are unreal of educational institutions, especially State institutions who have numerous regulations and budget directives they must adhere to. This is a perennial issue in conduct of the State training project. It is one aspect of the project that is unsettling, especially since the commitment of the college is clear.

In the way of a summary therefore, let me state, that the impact on educational institutions training efforts would be severe if title IV-A appropriations are not continued. The impact would be felt in the following four ways:

1. Educational institutions would, in all probability, not be able to continue such in-service training efforts without some support to the institution. This support must be direct and speedy, cover the cost of project support staff allocations, and the publication of training materials. The development of a self-supporting program of training has been underway by Kean College since 1980, however, certain line-items, such as the support staff needed to provide the training must be continued.

2. The aging service network would, in all probability, have little opportunity for training. The cost of most private organizations that do provide gerontological training is prohibitive to agencies and personnel. The nominal cost of the Kean College activities is reasonable to county and agency budgets, and provides quality training at reasonable cost. This ability is due, in part, because of the college's commitment to the project in providing the necessary startup funds pending transfer from state funds.

3. The impact on service delivery to older Americans is perhaps the greatest. The literature is quite clear that program development and service delivery is best when conducted by trained and qualified personnel. The field of gerontology is one which is quite multidisciplinary in score and attracts a diverse network of personnel. It has been previously stated that training in gerontology is scarce among most gerontological personnel. Training provides the needed and current skills and knowledges required for effective service. Without such opportunities provided to personnel, it is the older adult who eventually suffers.

4. The educational institution will also suffer from a curtailment of such funds. Since 1978 Kean College has provided training activities to half the gerontology personnel in the State. Over the years a close working relationship has developed between the educational sector and the "real world" of service delivery to older adults. There is an expectation on the part of the service network for educational institutions to be there to lend support and knowledge to staff. The 64 training activities conducted over the past 5 years are a clear indication of the kinds of support and guidance that educational institutions can provide to workers in the field. It is also an indication that the two sectors can work well together to meet a mutual goal. That goal, committee members, is to serve our older Americans as best we can.

Thank you for the opportunity of meeting with you today.

FINAL REPORT—1983, NORTHERN NEW JERSEY REGIONAL GERONTOLOGY EDUCATION AND TRAINING PROJECT

(By Robert Famighetti, Project Director)

I. INTRODUCTION

This report narrates the achievements of the Northern New Jersey Regional Gerontology Education & Training Project for 1983. This project was funded through a grant from the N.J. Department of Community Affairs, Division of Aging, and the Union County Division on Aging, Union County. This 1983 grant marks the fifth year of support to Kean College of New Jersey to conduct in-service gerontology training for service providers in the aging service network. The College is grateful to the Division on Aging for their continuing support of our efforts to meet our contract objectives. This report provides documentation of that achievement.

A. The regionalization concept

This section introduces the concept of regional training as developed by the Division on Aging and the selected lead institutions. It reviews the overall goals and objectives, and describes the project tasks undertaken to meet those objectives.

In January 1980 Kean College was awarded Title IV-A monies from the New Jersey State Division on Aging establishing the College as one of three lead institutions for the State in the development and implementation of a three year plan for in-service training of service providers in gerontology. Trenton State College and Stockton State College were selected to represent the interests of the Central and Southern Regions of the State. The contract award calls for the development and implementation of a variety of project activities to achieve the project goal.

B. The project goal

The overall project goal is to provide leadership in the planning, development and implementation of training for personnel planning services for, or providing services to the elderly, and to develop and conduct identified priority training needs.

C. Project objectives

1. To plan, develop and implement an assessment of the training needs of personnel planning services for, or providing services to, the elderly within the geographical region of New Jersey comprised of Bergen, Essex, Hudson, Morris, Passaic, Sussex, and Union Counties. To fulfill this objective each of the three project directors worked cooperatively to develop a series of standardized research instruments to conduct this needs assessment. During April and May, 1980, 2,000 questionnaires were distributed within the Northern Region to a randomly selected sample of service providers. Additionally, two-hundred in-depth interviews were conducted with providers and agency managers to further assess training needs. This needs assessment objective was successfully completed during the 1980 project year. The reader is referred to the "Project Report for 1980" for greater detail on the needs assessment procedure and data analysis.

2. To develop and implement a one-day conference to provide a forum for discussion among aging network agencies, educational institutions, and other apppropriate governmental and private agencies. This forum served to provide additional data to the research conducted, to prioritize training needs, and to provide input on the role particular agencies and personnel can perform in the provision of education and training activities, and the opportunity for improved information transfer and linkages among the participants. This objective was also implemented during the 1980 project period. The forum results were very instrumental in the preparation of the final Three-Year Training Plan. This Training Plan was the third contract objective.

3. To establish a Regional Advisory Committee to aid in the Achievement of project objectives by assisting in the planning and development of the Regional Forum, the development of the three-year plan for training, and the identification of training activities and personnel.

The training awarded to Kean College is a four year award. The objectives described above were for the first year of that award, which began January 1980. This report narrates the completion of the final year of the award, January 1, 1983 to December 31, 1983. During this project period, fourteen training activities were conducted to a total trainee population of 464 service providers in the designated northern region. This report describes in some detail those activities and the activities of the Regional Advisory Committee in meeting this project's objectives.

II. THE 1983 TRAINING YEAR

During the 1983 project period, fourteen [1] training activities were conducted. These selected training activities were designated as priority areas identified by the Regional Advisory Committee giving careful consideration to the training needs in the following areas which have been cited by the Administration on Aging as national priorities:

1. Expanding the level of program/project income;
2. Improving cost effectiveness of programs/projects;

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[1] Fifteen training activities were scheduled, however, the session on the Management of the Blind and Visually Impaired was cancelled because of insufficient registration.

3. Role and effective operation of community focal points;
4. Improving participation of older minorities in programs and services; and
5. Development of non-service approaches to meeting needs of older people. (A summary of the Regional Advisory Committee's activities are provided in a later part of this report.)

Chart 1 provides the reader with a schematic representation of training programs for 1983. (See page 9.)

A. Program development and trainer selection

During the 1983 project period, the Kean staff, using available data related to training needs of personnel planning or providing services for the elderly, and input from the Advisory Committee made available fourteen specific training activities to meet identified training needs of aging network personnel. A variety of workshops and seminars were offered in a number of geographic locations throughout northern New Jersey to upgrade job performance of this practitioner population.

The Regional Advisory Committee approved all topic areas and suggested trainers prior to final contract preparation.

B. Trainee recruitment

As with previous years, trainees are recruited through a variety of methods:
1. Direct mail;
2. Committee contact;
3. AAA recruitment/selection;
4. Word-of-mouth; and
5. Newspapers.

Each method is described briefly below:

1. Direct mail.—Four issues of Training News were prepared and disseminated to 2,000 known trainees in the eleven county catchment area. These Newsletters provided all the necessary registration and informative details for the month's activity.

2. Committee contact.—Each member of the Regional Advisory Committee was mailed 20-25 copies of the Training News for dissemination to colleagues not already identified on our list. This was a successful recruitment method. Nearly all active Committee members faithfully disseminated materials and attended many of the programs themselves.

3. AAA selections.—Each of the eleven county AAA's received additional Training Newsletters with a personal invitation to select trainees from their county to attend programs.

4. Word-of-mouth.—Successful programs make for successful recruitment. The causes of early training activities found many of our trainees coming to later programs because, "I heard of these worthwhile programs and I thought I should attend".

5. Newspapers.—The Kean College Public Relations Office placed announcements of programs in local papers representing the eleven counties served.

C. Program overview

This section briefly reports on the training activities conducted. The reader is referred to Section III—Program Evaluation Reports for specific comments and evaluative data for such program.

1. Creative activity program planning for the institutionalized elderly—March 25, 1983.

The workshop centered upon activity planning for resident nursing home populations. All twenty three participants were female and eighty-eight percent of those attending were in direct service to the elderly. Group involvement was enjoyed and participants (most of whom worked in nursing homes) were of the opinion that the actual use of the Brunswick Park Home gave a realistic view to institutional setting as opposed to a classroom atmosphere. Much interest was shown in the specific areas of art, music and remotivation.

2. Establishing, promoting and maintaining self-help, mutual support groups—April 13, 1983.

The workshop focused upon establishing and maintaining self help groups for care-givers to the elderly. The twenty three female participants represented a variety of service areas. The general opinion was that the material presented was excellent, but perhaps too much for a one-day session. Observation of a group in process was well received and an informative example for attendees.

3. Roles and responsibilities of municipal workers toward the elderly—April 26, 1983.

This workshop was a pilot program directed toward the specific needs of a Morris County audience. The largest single group of participants came from local welfare boards. Program and trainer evaluations were rated as excellent to good. The overall rating of the training ranged from good to excellent. The program was considered a success and was repeated in at least one other county focusing upon the individual needs of that county.

4. Creative activity programming for the well elderly—May 24, 1983.

This workshop was attended by participants interested in working directly with the elderly in planning recreational activities. Eighty percent of the participants were female, twenty percent male. The programs received an overall rating from excellent to good. A poetry reading during the lunch period was well received. This presentation of "original" poems by four seniors from the Northwest Bergen Multi-Purpose Regional Center showed the results of a successful activity presented by the center for its senior citizens.

5. Introduction to computers for the non-computer oriented human service professional—June 6, 1983.

The workshop attendees were from vaired backgrounds in the field of aging. Of those attending, twenty-three percent were male, seventy-seven percent female. The majority of the attendees gave the program an over-all rating of good. Many would have preferred working with actual computers.

6. Hospital and long-term care discharge planning—June 15, 1983.

This workshop was attended in part by nursing home, hospital, and county social workers, representatives from county and private agencies and municipal government. Twenty-three percent attending were male, seventy-seven percent female. Overall rating of the program was good to excellent.

7. Recruitment, training and maintaining of volunteers—October 3, 1983.

All participants were female. The majority of the participants were in the over 35 year old category. Nutrition project staff and direct service representatives accounted for 62 percent of the attendance. Other participants were from nursing homes, senior centers, stater agency staff, and several college faculty. Overall, trainer and program evaluation responses ranged from fair to excellent with 50 percent rating the program as excellent and 42 percent as good. Ms. Templeton was seen by 58 percent of the participants as prepared and enthusiastic in her presentation and 25 percent rated it as good.

8. Roles and responsibilities of municipal workers toward the elderly in Somerset County—October 12, 1983.

This program was a collaborative effort between the Project and the Somerset County Office on Aging. It aimed at educating the participants on the needs of an increasing elder population in Somerset County.

9. Assessing the mental health of the Elderly—Part I—October 21, 1983.

Participants of this group were from varied fields dealing with the elderly in both administrative and direct service. The majority of participants were female. Fifty percent were in the 35–55 year age group. Ninety percent of the participants rated the trainer "excellent:, ten percent rated her "good". The overall program evaluation ranged from "excellent" to "good".

10. Assessing the mental health of the elderly—Part II.

Participants were from various fields of the aging network—social services, human services, senior citizen housing, sheltered workshop, municipal recreation, nursing homes, hospitals and nutrition sites. Program and trainer evaluations ranged from "excellent" to "good".

11. Marketing the small social service agency to the community—November 4, 1983.

Half the participants of this workshop were from agencies funded by Area Agencies on aging funds. Eighty percent of those attending served a senior citizen clientel. The over-all program was rated "excellent" to "good" by participants.

12. Management of the frail elderly—November 9, 1983.

The largest single group of participants were from the field of social services dealing directly with the elderly. Other participants were from senior centers, hospital staff, state agency staff, and Title IXX projects.

13. Identifying the power structure in the community—December 2, 1983.

The majority of participants were female and over 35 years of age. Office on Aging staff represented thirty-one percent of the participants. The overall program rating ranged from "excellent" to "fair".

14. Fundraising—December 16, 1983.

Participants were from a variety of service fields serving the needs of senior citizens. The majority of the participants were female. Program and trainer evaluations ranged from "excellent" to "good".

CHART I—1983 TRAINING

Date and program	Site	Trainer	Attendance
Mar. 25—Creative activity program planning for the institutionalized elderly.	Brunswick Park Nursing Home, New Brunswick, NJ.	Muriel Stohler Kehlmann	23
Apr. 13—Establishing self-help support groups.	College of St. Elizabeth, Convent Station, NJ.	Eileen Nielson, Charles Adams	22
Apr. 26—Roles and responsibilities of municipal workers toward the elderly.	County Service Building Morris Township, NJ.	Sr. Ellen Desmond, Dr. Marilyn Hart, Robert Cabnet, Terry Shuman, Jr., Norman Van Houten.	22
May 24—Creative activity programming for the well elderly.	Northwest Bergen Regional Multi-Purpose Senior Citizen Center, Midland Park.	Jocelyn B. Helm, Rosilyn Wilder	27
June 6—Introduction to computers for noncomputer oriented human service professionals.	Kean College of New Jersey, Union, NJ.	Bruce Weber-Quigley	54
June 15—Hospital and long-term care discharge planning.	do	Joseph Duffy, Terrance Cahill, Judy Johnston.	27
Oct. 3—Recruitment, training, and maintaining of volunteers.	Glen Gardner Center for Geriatrics, Glen Gardner, NJ.	Bonnie Jean Templeton	16
Oct. 12—Roles and responsibilities of municipal workers toward the elderly in Somerset County.	Pistolles Restaurant, Bernardsville, NJ.	Robert Cabnet, Ron Romack	60
Oct. 21—Assessing the mental health of the elderly—Program A.	Kean College of New Jersey, Union, NJ.	Sarah Kaplan	64
Oct. 28—Assessing the mental health of the elderly—Program B.	do	Sarah Kaplan	72
Nov. 4—Marketing the small social service agency to the community.	Warrenbrook Senior Center, Warren, NJ.	Jerome Aumente	15
Nov. 9—Management of the frail elderly.	Memorial General Hospital, Union, NJ	Nancy Ellis	27
Dec. 2—Identifying the power structure in the community.	Kean College of New Jersey, Union, NJ.	Jerome Aumente	20
Dec. 16—Fundraising techniques	do	Linda Maggio, Bruce Moeller	10

Mr. RINALDO. I am in full agreement with you that periodic ongoing training of aging services personnel is absolutely essential. On a related note, however, I think it is important to note that there are many people who are arguing at the present time in front of the Congress that there is a surplus of gerontologists and aging professionals and that continued Federal funding of gerontology career preparation is not warranted. Is that accurate, that assessment?

Mr. FAMIGHETTI. I do not believe that that is an accurate assessment. I have read the testimony of my colleagues earlier and there seems to be some debate about the need for training and how that training should be met. But I also would remind the committee of a report by the Bureau of Labor Statistics, done by Ann Kahl, which states that there are job opportunities in the field of gerontology that have yet surfaced.

We train our students and we have them recognize new areas. There is a beckoning of new opportunity. I do not believe that generic training of any discipline, whether it be occupational therapy, physical therapy, or social work or nurses, or even the medical profession, gives them the kinds of training and skills needed to work with older people. Gerontology is a discipline which does have a body of knowledge that needs to be recognized and that there are opportunities there. Many of our graduates from the Kean College Gerontology Program have gone on to develop their own kinds of jobs, private kinds of self-employed things, related to issues in the field, such as hospice, retirement villages, travel, and tourism.

Mr. **Rinaldo**. Do you not think there comes a particular point at which the Federal Government has to say, similar with Union County College, for example, that Federal assistance must expire? You can correct me if I am wrong, but you assumed full responsibility for the program after its title IV grant expired in December 1982, is that not correct?

Mrs. **Maslin**. Yes; Union County College did take over the program.

Mr. **Rinaldo**. So you felt it was important enough to continue on your own.

Mrs. **Maslin**. Yes; and it gave us the expertise to start a program we could not have had. However, there were not that many programs funded and there is a great difficulty in sharing information about programs. As we have said, the dissemination of gerontological information, both in programs and training has been problematic.

Mr. **Rinaldo**. But I think you are to be commended for what you have done there. Is it working out all right in the absence of Federal funds?

Mrs. **Maslin**. I am being supported by the college. The program is being supported by the college. And in answer to the training program, two-thirds of our students are already practitioners in the field and are receiving that career skill training which they would not have received otherwise.

Some have jobs already, and need updating of skills.

Mr. **Rinaldo**. So then it is possible for a college to do without Federal funds, to do it successfully without Federal funds?

Mr. **Smith**. Would the gentleman yield?

Mr. **Rinaldo**. Yes; I would be pleased to.

Mr. **Smith**. I was curious, Ms. Maslin, you mentioned in your testimony that the Rutgers Institute on Aging had been disbanded. Were they under a title IV program and then just ran out of money, or what was the reason why they disbanded?

Mrs. **Maslin**. The university disbanded them. They are no longer there. I am not sure of what the funding there was for Rutgers Institute on Aging.

Mr. **Rinaldo**. Let me ask you this. How much is the current budget for Kean's Gerontology Program?

Mr. **Famighetti**. The training grant itself which we receive title IV moneys for is $8,000 this year. There is a difference. The gerontology center is a multifaceted kind of program. Our educational program is completely funded by the college. My faculty line is the only gerontology faculty line at the college. We work cooperatively with 16 other faculty from the various departments on the campus, much like the model that major universities would use in developing gerontology, which is a multidisciplinary field. I am, however, the only faculty line in gerontology. I direct the program. We work cooperatively with the individual departments. Those faculty are provided release time for *x* number of credits to teach the courses in gerontology.

Mr. **Rinaldo**. How many faculty does that amount to?

Mr. **Famighetti**. Sixteen.

Mr. **Rinaldo**. How much support personnel?

Mr. **Famighetti**. We have no support personnel provided by the college. The grant, the IV-A grant, does provide us with a part-time secretary for 10 hours a week and a graduate assistant to myself for 15 hours a week. These employees are paid minimum wage and are taken from grant funds. Other than that, there are no college funds. And I think this is an issue that very often college administrators need to learn more about gerontology in some ways. That there is a great need for the kinds of support and services to further enhance gerontology. Not just in its own discipline, but also within the existing disciplines, the health fields, social work, et cetera.

I firmly believe that the students coming out of these programs need to have a basic understanding of gerontology since 90 percent of all social work graduates do work with older people, and they do not have the kinds of skills necessarily from their generic undergraduate programs to work effectively with them.

Mr. **Rinaldo**. What is the total budget for gerontology center at Kean College?

Mr. **Famighetti**. The total operating budget is we do not have one.

Mr. **Rinaldo**. You do not have a budget?

Mr. **Famighetti**. We work under a department. When I need particular programs underwritten for the center, I go to my department chair. The department has a budget.

Mr. **Rinaldo**. What was the total amount of money you expended last year?

Mr. **Famighetti**. Under the grant, we expended the grant money. The grant provides for training, in-service training. It is only one division of the center. The rest of the center's budget comes out of college funds. These are not earmarked. They are given at the discretion of the department chairperson to myself with recommendation of what I would want the moneys for. I would make an estimate.

Mr. **Rinaldo**. What I would like an estimate of is how much money used in college funds and how much Federal money?

Mr. **Famighetti**. The college funds expended are less than $10,000. It does not include, of course, the release time to faculty who teach the courses. The funds to the grant, the Federal funds to the grant are $14,000 in 1983.

Mr. **Rinaldo**. That is a total amount of Federal funds?

Mr. **Famighetti**. Yes.

Mr. **Rinaldo**. Thank you. I have no further questions.

Mr. **Smith**. I have one question to Ms. Maslin. How many colleges and universities in the State offer a gerontology program for a degree or certificate?

Mrs. **Maslin**. The programs vary. Right now there are two community colleges who offer gerontology training. Correct me on the 4-year colleges, do you know how many?

Mr. **Smith**. Do you know which two? Which two colleges?

Mrs. **Maslin**. Camden County College and Union County College are the two 2-year schools. Kean College offers a 4-year program.

Rutgers used to offer a graduate program, a certificate in gerontology. We are not quite sure what is going to happen. There are also private colleges, the College of St. Elizabeth offers a gerontology program. Other colleges do offer courses in gerontology, but I do not believe they offer 4-year programs.

Mr. **Famighetti**. A point to be made on this. Back about 2 years ago the State Division on Aging published a directory of known colleges in the State that offer gerontology and at that time 48 institutions did provide some courses in the field of gerontology. However, since that time, because of cutbacks and institutional demands and declining enrollment and all those other factors, a number of those programs no longer exist. Those institutions, however, that award certificates or recognize the achievement of some award to completing a program is less than one dozen at the moment. And even that is questionable at this point.

Mr. **Smith**. Thank you.

Mr. **Rinaldo**. Mr. Wortley.

Mr. **Wortley**. Thank you, Mr. Chairman. Mr. Famighetti, could you give me just a couple quick examples of how the training of service personnel impacts directly upon the quality of service for older Americans?

Mr. **Famighetti**. A direct statement would be probably at best more of an indirect statement in that it is quite clear a practitioner who understands the service network, who understands basic psychological processes, who understands basic theory related to the aging process, nutrition, basic concepts and issues of gerontology that this person is better equipped to understand that person that they are working with. We have also in the context of our 5 years of providing training done programs in case management and dealing with the disruptive client, understanding suicidal behaviors and depression, and that this enhances their ability to work with other people.

We have not conducted any research per se to get emperical data on the effects, but we have relied on qualitative data gathering from the area agencies and from the personnel themselves, and generally they feel that with knowledge one can better do their job, and that with programs related to case management, and program management, and time management, they have in fact been able to do more with the limited time and staff that they have.

Mr. **Wortley**. You have convinced me. I yield back the balance of my time.

Mr. **Rinaldo**. Thank you very much. I think the point I was trying to make is that I think you have done very well with the limited amount of Federal money and you have to recognize that the original intent of the Congress was merely to provide seed money to get programs going and that the funding that is going into that program can be better utilized for senior citizens programs that are of direct benefit to recipients and the elderly.

Mr. **Famighetti**. Could I comment on that?

Mr. **Rinaldo**. Sure.

Mr. **Famighetti**. I believe, as I have mentioned to Congressman Wortley, that by having the quality of trained personnel, that does in fact impact on the services provided to older Americans, and that there is a direct correlation between the two. And while Federal moneys are provided as seed moneys, that is in fact all that Kean College has been getting.

The moneys that we get from the Division on Aging is only for the part-time staff, because Kean College is a State institution, can no longer hire part-time employees under civil service regulations. We can only hire full-time staff and that is not a possibility in the near future for gerontology. And so in order to compensate for that, we need to work through different kinds of systems, and one of that being the college work-study program.

Mr. RINALDO. That is news to me that you can only hire full-time personnel. You cannot have a visiting professor come in? That is your State civil service?

Mr. FAMIGHETTI. Well, under the clerical lines, we can only have fulltime.

Mr. RINALDO. I am talking about a professor, a teacher. You cannot have someone teach a particular program and come in maybe 1 day a week for a time?

Mr. FAMIGHETTI. No, no.

Mr. RINALDO. They do that in other colleges in this State. I know that for a fact. I would like the record to remain open to provide me with a copy of the law that says you cannot have a part-time professor come in to teach a particular program.

Mr. FAMIGHETTI. We can have a part-time professor, if in fact that part-time professor is shared with another institution or another part of the college. But part-time lines are generally not, I am not sure there is a law, as much as college policy.

Mr. RINALDO. Well, that may be Kean College policy.

Mr. FAMIGHETTI. Yes.

Mr. RINALDO. That is exactly the point. I happen to know a colleague, a Congressman from South Jersey, who I know teaches a course every Monday morning, so it is not civil service.

Mr. FAMIGHETTI. That would be coming under a whole different budgetary system, known as adjunct, adjunct and overload budgets, which is completely different. And we can hire adjuncts to teach courses, if we so please.

Mr. RINALDO. So what is the problem then?

Mr. FAMIGHETTI. The problem is the Board of Higher Ed has restricted and asked for a $1 million reduction in the adjunct and overload lines, therefore forcing the college to look at those programs that do not need or can do without additional faculty. And that the prospects of hiring adjuncts or overloads to current faculty is greatly limited by the budget restraints on the State colleges.

Mr. RINALDO. Thank you. Let me just make a few points. First of all, I want to thank you for your testimony. I think it will be invaluable as we go through the Older Americans Act and rewrite it. I remind you and any other witnesses that are here today that they have 30 days in which to submit any written testimony.

And the fact of the matter is, any of you, as individuals, if you would like to submit testimony, I would like to encourage you to do so, and you can mail it to me at my office or at the Select Committee on Aging Office, and we will see to it that it gets in the record.

I also want to publicly once again express my appreciation to Mayor Dunn for providing the facilities, the coffee, and making this a very, very comfortable setting for this hearing.

Anyone, when you are leaving, please pick up copies of the Older Americans Act, as well as Tax Tips for Seniors, both Aging Committee publications. And if the Aging Committee can be of assistance or provide you with any other information, please contact me directly. So you can get an idea of what has happened today, the written testimony, the entire testimony of this hearing, will be presented to both the Aging Committee and the Education and Labor Committee. And it will be very helpful to us as we continue through the legislative process. We will, hopefully within the next few weeks get to the point where the Older Americans Act will be rewritten and ready for authorization on a floor vote.

The hearing, I think, dramatized the fact that the Older Americans Act is a success story. It is a program that is working well. It is a program that we can all be very proud of. And I think that we can make it even better, make it even more beneficial to our senior citizens and the people who benefit for the program.

Thank you once again for coming. The hearing is now adjourned.

[Whereupon at 12:30 p.m., the hearing was adjourned.]

APPENDIX

COMPREHENSIVE STATEMENT, AMERICAN ASSOCIATION OF RETIRED PERSONS

The American Association of Retired Persons welcomes the opportunity to submit tesitimony on the reauthorization of the Older Americans Act.

At the outset, the Association wants to emphasize its strong support for the Older Americans Act.

Today, many elderly persons are able to live independently in their own homes because of the services provided under the Older Americans Act. Homemaker, home health, friendly visitor, chore, and telephone reassurance calls have not only helped older persons psychologically but have also enabled them to remain in their homes, rather than being placed in a nursing home at a higher public cost.

The nutrition program has been one of the most successful and popular programs under the Older Americans Act. Approximately 700,000 meals were served daily during fiscal year 1982, including 508,000 at congregate meal sites and 190,000 home-delivered meals for elderly shut-ins. This program not only delivers nutritious meals for older persons at a price within their reach but also provides an opportunity for the elderly to meet and talk with others. This socialization function can be as important as the meal itself, especially for lonely and isolated older Americans.

Title IV research, training and demonstrations have served several essential functions for the Older Americans Act. Research projects have provided vital information to develop sound public policies. Career-type training has prepared gerontology students for numerous positions in the field of aging—as managers of housing for the elderly, program administrators for national aging organizations, governmental analysts and a variety of roles elsewhere. Demonstrations have produced major innovations for the Older Americans Act and other programs including the nutrition program for the elderly, Foster Grandparents, and educational television. AARP's Legal Counsel for the Elderly program has made effective use of retired volunteer attorneys to provide protective services for incapable, isolated older persons.

Finally, the Title V Senior Community Service Employment Program [SCSEP] has enabled low-income older Americans to help themselves while helping others in their communities at the same time.

A. EXTENSION OF THE OLDER AMERICANS ACT

Over the years, the Older Americans Act has served the elderly and our nation well. AARP strongly believes that the legislation should be extended for at least three years. This would enable service providers and others to make long-range plans and to chart out their activities more effectively. Moreover, it would still allow appropriate congressional committees to perform oversight responsibilities in reviewing the legislation.

B. FINE-TUNING CHANGES

AARP favors early action on the Older Americans Act reauthorization legislation. This is necessary to provide funding through the regular appropriations process, rather than relying on a continuing resolution. We would like to have a bill signed into law by May. Otherwise, there is a risk that the reauthorization measure could become snagged in a legislative logjam during the summer because of Democratic and Republican conventions.

In order to move the reauthorization bill quickly, it will be necessary for the Congress to approve a measure which does not include controversial provisions. For this reason, the Association urges that the bill include primarily fine-tuning changes. However, the Association supports strengthening language for Title IV to clarify the scope and purpose of research, training, and demonstrations and strengthening language for increased participation by minorities in all Older Americans Act program.

C. INCREASED AUTHORIZATION

Funding authorizations for Older Americans Act programs should be increased to take into account projected future inflation and to offset cuts imposed in 1981. In fiscal year 1981, the Older Americans Act programs under the direction of the Administration on Aging [AOA] were funded at $683.8 million.[1]

The recently enacted Fiscal Year 1984 Labor, Health and Human Services and Education Appropriations Act provides $674.2 million for AoA-related activities under the Older Americans Act. AARP believes that authorized funding should be at least restored to the fiscal year 1981 levels for existing programs.

D. ELEVATE AOA

The Older Americans Act and subsequent amendments make it clear that Congress intended that AOA should be a highly visible and strong advocate for the aged. However, AOA is currently a subunit along with several other agencies (such as the Administration on Children, Youth and Families or the Administration on Developmental Disabilities), within the Office of Human Development Services at the Department of Health and Human Services.

The net impact is that AOA has not fulfilled this role because of its lower level status in the HHS organizational structure. We strongly believe that the aging agenda should be elevated within HHS and should be placed under the direction of a high level advocate with the clout to represent the interests of all older Americans. To accomplish this objective, an Assistant Secretary on Aging should be created to administer the Older Americans Act and to represent the interests of the elderly on subjects impacting on them.

E. SERVING MINORITIES MORE EQUITABLY

AARP generally supports fine-tuning change for the reauthorization of the Older Americans Act. However, the Association urges that stronger language should be incorporated in Title III to promote increased participation by aged minorities in services program. Older minorities receive about 18 percent of services under Title III of the Older Americans Act. But, their participation rate is nearly twice that level in the Title V Senior Community Service Employment Program [SCSEP], in large part because the SCSEP has more poweful language for serving older minorities. In fact, aged minorities constitute about 33 percent of all Title V enrollees.

AARP believes that the Older Americans Act should state affirmatively that older minorities are a priority group for receiving services. Moreover, they should be served on the basis of their need for services.

The Association is opposed to maintaining the status quo because the existing standard—based on "greatest economic or social needs"—has not worked. It is too ambiguous and is simply too easy to circumvent. For these reasons, we recommend that the "greatest economic or social needs" test be dropped and be replaced with more precise language which makes it clear that minorities are a priority group for receiving services under the Older Americans Act.

Additionally, the Association urges that the Older Americans Act should require federal, state and local offices on Aging to take affirmative steps to promote opportunities for minority employment, training and contracts. The aging services network, we firmly believe, will be more effective in responding to the special problems and challenges confronting older minorities if more minorities are employed in decision-making positions and as service providers or contractors. For example, services providers should be encouraged to hire more bilingual personnel to serve limited-English-speaking older persons, especially in areas with higher concentrations of aged Hispanics or Pacific/Asians.

We further recommend that a unit should be established within AoA to monitor the implementation of these provisions, as well as the affirmative action goals established under these measures. This unit would also provide technical assistance to groups and governmental agencies to comply with these provisions.

Finally, the Cranston Amendment (formerly section 404(a)(6) of the Older Americans Act, as amended in 1978) should be reinstated to promote the training of minority group individuals. This is essential to encourage more minorities to enter the field of aging because there is a dearth of adequately trained minority professionals and paraprofessionals in gerontology.

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[1] This is before Congress enacted rescissions and passed the 1981 Omnibus Budget Reconciliation Act (Public Law 97-35).

F. CONTINUE LEGAL SERVICES AS A PRIORITY SERVICE

Legal services programs should be continued as a mandated priority service under Title III of the Older Americans Act. Current language (section 306(a)(2)) provides that area agencies on aging shall provide assurances that an "adequate proportion" of Title III-B funds be allocated for three types of priority services—legal, access, and in-home services. Additionally, the Act directs area agencies to spend "some funds" on each priority service. The meaning of "some funds" is nebulous and leaves much to interpretation. Many area agencies simply allocate only nominal amounts for legal services, and some provide nothing at all.

AARP supports stronger language to assure, in fact, that "adequate" funding is available for legal services. We recommend that the current provision requiring the funding of legal services, in the absence of a waiver, be strengthened and made more complete. Specifically, we urge that an area agency's request for a waiver should be based upon a public hearing in which all interested parties are given an opportunity to appear and present testimony. The record of this hearing should accompany an area agency's request for a waiver from the state office on aging.

This is crucial because legal services—perhaps more than any other service under the Older Americans Act—can be subject to outside political pressures. Government agencies may urge area agencies on aging not to fund legal services because they do not want to be sued. Low-income older Americans are not as inclined to challenge a bureaucracy for an erroneous or illegal decision when legal services attorneys are not available. The power structure in localities may also apply pressure to area agencies on aging. Powerful interest groups within a community clearly have an advantage in a legal dispute with low- or moderate-income older person who cannot afford a private attorney or obtain the services of a legal services lawyer.

Today many older Americans are in an impossible situation when a legal dispute arises. The moderate-income elderly frequently experience the greatest difficulty. They cannot afford to pay a private attorney $75 to $125 an hour or whatever the going rate is. Yet, they have too much income to qualify for legal services.

In far too many cases, they must accept injustice because they cannot obtain an informed legal opinion. Some experts estimate that perhaps six out of seven persons in the United States cannot afford a lawyer if they have a complex legal problem requiring a substantial expenditure of time. Reasonable persons may disagree about the proportion of persons in this dilema. However, there is no doubt that millions of individuals—especially older persons who are living on more limited incomes—are simply priced out of the market if they have more than just a routine legal problem.

Moreover, many attorneys today do not have adequate legal training to represent older Americans effectively concerning issues directly affecting them: Social Security, Medicare, Supplemental Security Income, and others. Law schools have usually developed a curriculum focusing on the traditional attorney-client relationship with little or no attention to the legal needs of older Americans. Fortunately, this is changing at some institutions—in part because earlier AoA-funded legal services programs have sentitized law schools to the needs of older clients.

Many so-called legal problems of the elderly—such as understanding entitlement conditions for federal benefit programs—do not require the services of an attorney. They can be handled as easily—and in many cases more effectively—by a paralegal who can provide an easy-to-understand non-technical explanation for an older person. AoA legal services and demonstration programs have helped to promote the use of paralegals and other innovative methods to deliver legal services more effectively and economically to older persons. These activities should be continued.

Information is not currently available to measure accurately the extent of government-funded legal services for older persons. This, of course, makes it difficult to assess the impact of legal services, as well as the unmet need. The lack of acccurate data is attributed in large part to inconsistent reporting systems used by the Administration on Aging and the Legal Services Corporation.

This has also created a needless burden for legal services projects that must comply with different and often contradictory reporting requirements. Nearly three-quarters of the legal services programs funded under Title III also receive financial support from the Legal Service Corporation. For this reason, we urge that area agencies be required to use reporting requirements that are consistent with those used by the Legal Services Corporation.

Many area agencies are requiring legal services grantees to disclose the name, address, and other information about the clients served with Title III funds. This is a violation of the attorney-client privilege mandated by the Code of Professional Responsibility unless a client gives a knowing and voluntary consent. The net impact is that legal services providers are relunctant to contract with area agencies.

AARP recommends that area agencies should be prohibited from requiring legal services grantees to provide information revealing the identity of their clients. This is not intended to prevent area agencies from collecting information necessary for their oversight, planning or needs assessments duties. This information, though, can be easily obtained without revealing the names and addresses of the clients served.

G. OPPOSITION TO CONSOLIDATION

AARP does not support a consolidated Title III. The Association favors separate authorizations for (1) supportive services and senior centers, (2) congregate meals, and (3) home-delivered meals. We fully recognize that a single authorization would make it easier for state and local offices on aging to submit funding plans. It would also provide great flexibility for offices on aging.

However, these "administrative convenience" arguments are outweighed by other considerations which, in our judgement, would impact negatively upon the elderly. First, separate authorizations for supportive services, congregate meals and home-delivered meals enable these programs to obtain greater visibility. This, in turn, has produced higher appropriations, especially for the nutrition program.

Second, there is already flexibility to shift funds under Title III. For example, 20 percent of the funding for the nutrition program for the elderly can be transferred to supportive services and senior centers and vice versa. Moreover, up to 15 percent of the nutrition appropriations can now be shifted between congregate meals and home-delivered meals. AoA approval is required if a larger percentage is needed.

In fact, there has already been a significant transfer of Title III funds. About $22.4 million was shifted from various accounts in fiscal year 1982. Activities that gained funds include state administration, $2.3 million; Title III-B supportive services and senior centers, $4.3 million; and home-delivered meals, $15.8 million. About $22.4 million was transferred from the congregate meals program.

Third, a consolidated Title III is more vulnerable to a block grant. This would almost assuredly produceless funding to services to older Americans, and especially aged minorities. For example, only a tiny fraction of revenue sharing funds have been utilized for services for the elderly.

H. TITLE IV RESEARCH, TRAINING, AND DEMONSTRATIONS

Our number one goal for the Title IV research, training and demonstrations program is to obtain more adequate funding for these activities. Title IV appropriations have been cut sharply in recent years, from $54.3 millon in fiscal year 1980 to $22.2 million in fiscal 1983. Adequate funding and stronger language are essential for Title IV to fulfill its mission.

Authorized funding for Title IV should be increased increments so that funding is nearly equal to the fiscal year 1980 appropriation of $54.3 million. We suggest that the Title IV authorization be raised to $40 million in fiscal year 1985, $45 million in 1986, and $50 million in 1987.

Title IV should be de-consolidated and separate program categories for research, education and training, and demonstrations should be restored. Moreover, the scope and purpose of each Title IV program should be described precisely and clearly. In addition, emphasis should be placed upon certain activities, such as expanded educational opportunities for minorities so that they can be placed in the field of aging.

AARP favors an outright prohibition on the commingling of Title IV discretionary funds with appropriations for other programs. Commingling reduces accountability for those overseeing aging programs and can create numerous problems. Title IV funds should be used for identifiable aging-related activities.

Dissemination and reporting requirements should also be strengthened. Title IV has produced important research and other work products. But all too often, these products gather dust because there is not adequate dissemination or reporting to alert practitioners in the field of aging and others about these activities. These goals can be achieved by requiring AoA to submit a detailed annual report to Congress describing Title IV activities, products, and plans.

I. TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

Finally, AARP favors retaining the Title V SCSEP in the Department of Labor rather than transferring it to the Department of Health and Human Services. The SCSEP has been evaluated independently on several occasions, and has always received high marks.

In its 1981 report on "older Americans Act Programs," the Federal Council on the Aging gave a glowing assessment of Title V, saying:

"The Title V program of the Older Americans Act is effective in providing part-time public service employment to low-income persons and in keeping administrative expenses low. In addition, FCA finds that enrollees are making valuable contributions to the community through their services."

The 1981 Federal Council on the Aging also recommended that Title V should be continued and expanded in its present form.

Morgan Management Systems conducted a Title V study for the Federal Councial on the Aging, entitled "An Evaluation of the Performance of the Senior Community Service Employment Program: Title V of the Older Americans Act." Sol Jacobson, a vice president for Morgan Management Systems, said, "The Senior Community Service Employment Program is the most effective program I have ever evaluated and in my opinion it should be retained and strengthened."

These points are equally compelling today. But, there are additional arguments for keeping Title V in the Department of Labor:

The SCSEP is an employment program. The Department of Labor has more experience and expertise in administering employment programs than AoA.

Supporters of shifting Title V to AoA have, in effect, a two-fold burden of proof. First, they must show that the program will operate more effectively and efficiently without causing great disruption. Second, they must demostrate how this will occur. This case simply has not been made.

Title V has been an extraordinarily effective program by any standard one would choose to use. It does not make sense to make a radical switch when the SCSEP has been so successful.

The proposed transfer would be disruptive for all concerned: the older enrollees, the program administrators and the host agencies. Inevitably, shifts in funding would occur among states, which will force older persons to lose their jobs. Despite recent improvements in the overall employment picture, unemployment is at exceptionally high levels by historical standards for persons 55 or older.

AARP urges that Title V be retained in its present form. Additionally, the Association recommends that the authorization levels be fixed at a level to take into account higher costs—such as rising Social Security payroll taxes and worker's compensation costs—in the years ahead. Moreover, the authorizations should permit some growth in the SCSEP to enable more low-income older persons to participate in the program.

J. CONCLUSION

AARP reaffirms its support for reauthorization of the Older Americans Act. We further urge prompt action on this important legislation for elderly persons and their families.

We recommend that a bill be sent to the President by early May. We sincerely believe that this objective can be obtained with appropriate planning and the continued bipartisan support from the Congress which has been a hallmark of the Older Americans Act throughout its history.

Finally, the Association urges the Congress to accept our proposals. These measures are much-needed. They are realistic and, they will help to improve the Older Americans Act for the elderly and our Nation.

Hispanic Senior Citizens,
Elizabeth, NJ, March 17, 1984.

Mr. Matthew J. Rinaldo,
Ranking Minority Member.

Dear Mr. Rinaldo: I am herewith writing a brief statement in response to your letter of February 29, 1984.

The Senior Citizens Center could be improved in the following areas:

1. Transportation—Right now the center employs a person for two days of the week. We need someone for every day of the week.
2. A telephone is needed in St. Peter and Paul.
3. We would also like breakfast.
4. More entertainment, music, exercise and other activities.
5. Celebration of our birthday.
6. Bus trips and cultural activities.

Thank you,

Mrs. Amalia Gonzalez,
President, St. Peter and Paul Group.

FRANKLIN PARK, NJ, *March 12, 1984.*

MATTHEW J. RINALDO,
U.S. HOUSE OF REPRESENTATIVES.

DEAR SIR: In response to your letter of Feb. 29, 1984. I would be happy to give you a written testimony for inclusion in the office report.

I am just finishing my third year as president of the Franklin Park Senior Citizens Club. I discussed your letter with our membership (88 members present) and they agreed with the following.

Our first priority is transportation. We need mini buses, supervised on a local level to service every area of our large rural community. Nutrition sites are wonderful, but if our Seniors cannot get to them, the program will fail. This is only one example.

The second priority is health. We would like to see our Health Dept. expand its services to the older population. We need more walk in clinics, without appointments.

We must make our older citizens retirement easier, healthier and more rewarding.

Also some one should be thinking about a subsidy for phone service for low income families and senior citizens.

We must continue a zeal for identifying the issues that most affect the older population.

We pledge to continue to meet the challenge of serving America's rapidly growing older population, who are still very capable members of society.

We feel so strongly about this, that there will be four of us representing the Franklin Park Senior Citizens Club at your meeting March 19, 1984.

We are looking forward to meeting you.

Sincerely yours,

IRMA GRYKIEN.

TESTIMONY SUBMITTED FOR THE RECORD, SELECT COMMITTEE ON AGING, U.S. HOUSE OF REPRESENTATIVES, REAUTHORIZATION OF THE OLDER AMERICANS ACT, MARY JOHNSON, PRESIDENT, NEW JERSEY COUNCIL OF SENIOR CITIZENS, JERSEY CITY, NJ

Mr. Chairman, Members of the Committee, I am Mary Johnson, President of the New Jersey Council of Senior Citizens. Founded in 1962, the New Jersey Council represents over 700 clubs and organizations across the state.

We welcome the opportunity to comment on the Older Americans Act. We believe that the need for a well-considered and adequately funded Older Americans Act has never been greater. A growing elderly population coupled with drastic reductions in Federal health and social service programs make it imperative that we take steps to ensure that the elderly's basic needs are met now and in the future.

Because of the enormous cuts in other programs that were of critical importance to the elderly, and because of the Act's documented success in meeting the day-to-day needs of so many older people, we believe that there should be no major changes in the Act, and that all the Act programs should be extended for a minimum of three years. As it now exists, the Act, for the most part, provides for the satisfactory administration of the various programs which provide the elderly with social, nutritional and employment services. Consequently, we do not believe it necessary, as has been porposed in the Administration's FY 85 budget, to consolidate Titles III B and C. Consolidation of Title III funds would be a disservice to the elderly. Such a move could weaken the individual programs, especially the vital nutrition programs. States would have too much flexibility in the allocation of funds; funds could be diverted to less important but perhaps more easily administrered or less costly programs, and the elderly would be left without essential services. Neither do we believe it necessary to alter in any way the current structure of the Title V program.

We do have a few minor suggestions for the Act. First we would like to see more funding for Title III programs. The Act should be funded so as to be able to service more elderly than it already does. For example, in 1982, the meals programs served over 172 million meals to senior citizens; however, thousands more were eligible for and in need of these meals. With increased funding for all Title III programs, the older population could better benefit from the one Federal program designed specifically to meet their social and nutritional needs. Second, while we would agree that some thought should be given to including community-based long-term care services as a priority service for AAAs, given the current funding level of Title III, we cannot see how AAAs could further stretch already limited dollars to provide even more priority services than the three already required by the Act. If additional appropriations were made, we would then encourage considering the addition of long-term care to the list of priority services. Third, we would like to see stronger language in the Act concerning those priority services in Title IIIB. A more precise indication as to the amounts that must be spent on these areas should be included to ensure that some IIIB funds are, in fact, spent on the priority services. It is our understanding, for example, that while legal services is a priority service, 17-20 percent of AAAs spend no money on legal services, and are in clear violation of the law. We believe that language concerning priority services should state that a specific percentage of IIIB funds must be spent on priority service.

Title IV is the one area we believe some corrective changes could be made. First, funding for Title IV should be raised to more adequate level. Title IV has been decimated by budget reductions in the past three years; yet, with the growing aging population, the need for further aging research and training have never been greater. Second, a statement of purpose for Title IV should be developed and Title IV should be deconsolidated to include separate program categories. The scope and purpose of each program should be spelled out with emphasis upon certain specific activities. The inclusion of a specific program that would provide for technical assistance and training to local legal services programs and the development of innovative legal service delivery methods is an example of the program that should be earmarked under Title IV. Third, the reporting requirements should be strengthened and AOA should submit a detailed annual report to Congress describing Title IV activities, project and plans. At present, Congress is totally uninformed as to accomplishment achieved through Title IV.

Mr. Chairman, the National Council of Senior Citizens, with whom we have been affiliated for 22 years, has been a sponsor of Title V since its inception in 1968. As one of the three original sponsors, we have seen the Senior Community Service Employment Program grow from a $10 million demonstration project to a $319.45 million program. Yet the original concept, that low-income older workers have a vital role to play in meeting local community needs, has remained unchanged. The services performed by Senior Aides in nursing homes, libraries, day care centers and other community organizations account for the program's tremendous popularity in towns and cities across the country. The program's management by the Department of Labor through the eight national contractors and states—noted for rock-bottom administrative costs, an absence of fraud and abuse and flexibility to changing priorities such as an increased emphasis on private sector job placement assistance—has earned Title V unparalleled bi-partisan support in Washington.

Today, more than ever, older worker need Title V. Long-term unemployment among workers age 55 and over has been near recordbreaking levels throughout 1983 and early 1984. While the Title V program represents the only major government response to the needs of older workers, this modest employment program enrolls only 62,500 of an estimated eight to ten million eligible older Americans. The repeated attacks by the Reagan Administration on the program in the FY 1983, 1984 and 1985 budgets have proven disruptive and harmful to the Senior AIDES network. Moreover, none of these proposals—including shifting all or part of Title V funds out of the Department of Labor—would serve to improve the coordination or administration of Title V. Recognizing the vital need for the program and the tremendous contribution these older workers are making in our communities, we should take affirmative action to protect Title V. Although some Federal programs may warrant significant administrative adjustments to bring about improvement, in the case of Title V, we should not tamper with a time-tested and successful system which has consistently proven its worth.

Title V should be reauthorized as a separate categorical program and retain its current structure at the Department of Labor. Funding levels should be increased to provide additional employment opportunities to the growing population of low-income older persons.

Finally, we urge the inclusion of additional and stronger language describing the advocacy role of the aging network. We believe the role of State and Area Agencies should not be limited only to being service providers and administrators. These agencies are in the position both to know the needs of the elderly and to be familiar with legislative and administrative processes. They should use this knowledge to be more outspoken on behalf of the elderly whenever possible. In a time of limited Federal, state and local resources, it is imperative that as many informed advocates as possible express the problems and needs of the elderly.

SOMERSET, NJ, *March 6, 1984.*

MATTHEW J. RINALDO,
House of Representatives,
Select Committee on Aging,
Washington, DC.

DEAR MR. RINALDO: In reply to your letter on the hearing of the Select Committee on Aging to be held on Monday, March 19, I regret that I will be unable to attend as a representative of the Franklin Township Senior Citizens Inc. since I will be out of town.

However, I would like to bring to your attention our greatest need at this time. That is transportation! There is practically no local public transportation in Franklin Township and many Seniors cannot afford a car or can no longer drive. There are Seniors who have never been to our library or post office, who are dependent on others for shopping or who have to hire a cab to get to a super market. The Somerset Department on Aging runs two vans here, but they are used mainly to take a handful of Seniors to the Nutrition site.

Our Club would like to acquire a small van which we could use to help out our members, numbering about 600 at this time. You mention that N.J. receives nearly 28 million in Older Americans Acts funds. Is there any way you can help us get a grant of some sort to help us achieve our goal? You know that we are a very active group in the community, and the van would help us in so many of our activities.

I am no longer President of the Franklin Township Senior Citizens Inc, but I am the head of the committee trying to get some form of transportation. Mr. John Geoghan, 26 M Franklin Greens, Somerset, N.J. 08873 is the new president.

I hope to hear from you soon.

Sincerely Yours,

ANNE LIVINGSTON,
Past President,
Franklin Township Senior Citizens Club Inc.

P.S. We are a non-profit, incorporated club.

NEW JERSEY STATE COUNCIL OF RETIREES, AFFILIATED WITH,
INTERNATIONAL LADIES' GARMENT WORKERS' UNION,
Lyndhurst, NJ, March 19, 1984.

Congressman MATTHEW J. RINALDO,
Rayburn House Office Building,
Washington, DC.

DEAR CONGRESSMAN RINALDO: I wish to make a brief statement on behalf of the New Jersey Council of Retirees, ILGWU, in regard to the re-authorization of the Older Americans Act.

The needs of Older Americans for service provided under the Older Americans Act is greater today than ever before. The number of elderly citizens has grown year by year. Their income has, if anything depreciated relatively in the face of inflation even though the inflationary rate has been lowered. They have been sorely affected by the soaring cost of medical services, as well as the cost of energy, rent and now telephone service.

The psychological and nutritional needs provided the elderly by the congregated meals is of inestimable value as well as is the meals on wheels. The aid given our elderly enables our senior citizens a necessary mobility to reach their sources of medical and therapy service, to do their shopping and to take advantage of recreational and educational centers.

I would urge that the employment services for the elderly provided by the Act remains with the Department of Labor. There is no need for shifting this work and creating a new bureaucracy when the Department of Labor has demonstrated its competency in this matter.

Sincerely,

JACK SCHLESINGER,
President.

SENIOR CITIZENS OF MANVILLE, INC.,
Manville, NJ, March 9, 1984.

Hon. MATTHEW J. RINALDO,
Ranking Minority Member,
Select Committee on Aging,
Washington, DC.

CONGRESSMAN RINALDO: I sincerely thank you for the opportunity, to submit a statement for inclusion in the official hearing record, on reauthorization of the Older Americans Act.

Older Americans have contributed so much in the past, in so many areas: Public service and the military included, and obviously had much to do with building our communities, States and the great Nation, that we are.

There is a need to recognize and strive for national policy, that will ensure, that older persons in our society have a satisfactory quality of life. One program for the elderly that helps to ensure so, is the Older Americans Act. It must be maintained, improved—whenever—however the needs dictates, especially for those in their twilight of life, and those so in need of it's provisions.

We strongly feel that the Older Americans Act, not only must be reauthorized—but that it must remain a separate and distinct federally funded, categorical program—with no changes by substitution of block grants. We feel that block grants previously instituted, by the Federal Government to States, were not equally subdivided in the areas of greatest economical or social need.

We envision the unprecedented mounting Federal deficit, that shows no sign of decreasing, to be responsible for cutting deeper in overall benefits for the elderly. Many of the programs for the elderly have already been cut to the bone. I obviously speak for our 694 members—predominantly lower blue-collar workers, with very low or no pension benefits, other than social security. Many of our widowed members have only their social security income. Unfortunately, many of our members, as did so many elderly throughout the country, believed that Social Security would ensure all of their needs in their retirement years.

We recognize that tremendous pressure will be made to make further substantial cuts in entitlement programs as well as those for the elderly. We forsee a.. exceedingly difficult and challenging year ahead, to prevent major benefit losses in programs of crucial importance to our elderly, including those defined in the Older Americans Act.

Many of our elderly today ask the question: "will we—and/or, how will we survive"? We read good "sounding" statistics today in the newspapers. Lower inflation rates, etc. But we face increased costs almost daily—in food prices, gasoline, utilities, heating oil, gas, rents, insurance, etc. We really shudder when we think of the unstoppable escalating health care costs. Although they won't be here, many also worry about the high cost of burial and related costs.

The Older American Act has given some hope and enjoyment and monetary relief, to our elderly, for their remaining years or days. The various benefits enumerated therein has at least, made life and living somewhat more comfortable for the elderly. Being vitrually "landlocked"—token, limited transportation other than taxi—makes getting around virtually impossible, especially those infirm and less mobile. The in-town mini-bus transportation to the nutrition site—makes available participation for many. Most have no car and would otherwise have to remain at home—looking at four walls. They would be deprived of enjoying a balanced prepared hot meal, so necessary for maintaining good health. They would be denied the opportunity to socialize and to share with others, their problems and experiences. At the nutrition site they are informed about elderly benefits under the Older Americans Act, get weekly exercise, nutritional advice, recreation, drug information, etc. A visit to the nutrition site serves as a therapeutic experience for them.

An excerpt from Nutrition Week—of the "Community Nutrition Institute"—indicates that President Reagan intends to eliminate the Aging Nutrition Program.

Of further concern to those homebound, is whether they may continue to get their daily hot meals delivered to them. They further question: what does next year mean to them relative to housing—nursing and home care—etc., as defined under Title III? Will they all continue to get utility assistance?

We would hope that employment opportunities to senior citizens will continue, under the title V program. This program has been beneficial to the general community, since many of the placements are in elderly nutrition programs, senior centers and in education and social service activities. The needs for older workers, differs significantly from other workers. Elimination of this section of the act, would tend to undermine support for other Older Americans Act Programs.

The educational program defined in the act has been invaluable to our elderly. The health educational series, especially in the wise use of drugs and medication, footwear, mental health, arthritis, hearing, etc., have been of tremendous good. At least 80% of the elderly have one or more health impairments. We have been made more aware of health risks and the normal process of aging (very important), preventative measures and health care alternatives.

The elderly have been badly hurt by budget cuts made in the past three years. Further reductions in their programs, including the possibility of lessening benefits in the Older Americans Act, will place undue burden on many. May I reiterate: that the Older Americans Act must remain as is—not to be substituted, as a block grant to the States.

We recognize too, that we must share in whatever cutbacks may be necessary.

We pray and trust that prudence and charity may guide those entrusted with judgement in this respect.

In conclusion Congressman Rinaldo, we sincerely trust that you will continue to be ever aware of the plight of the elderly and their concerns about tomorrow, as you have been so considerate in the past.

Thank you again Congressman Rinaldo for this opportunity. Continued good luck and success in the good work that you are doing.

Sincerely,

FRANK STERBINSKY, *President.*

NEW JERSEY CO-ORDINATING COUNCIL OF ORGANIZED OLDER CITIZENS, INC.,
Manville, NJ, March 19, 1984.

Hon. MATTHEW J. RINALDO,
Ranking Minority Member, Select Committee On Aging, U.S. House of Representatives.

DEAR CONGRESSMAN RINALDO AND MEMBERS OF THE COMMITTEE: In line with your letter of February 29, 1984, we are pleased to furnish the following testimony representing the views of thousands of New Jersey senior citizens affiliated with this Council with respect to the Reauthorization of the Older Americans Act:

1. There is a continued need for expanded funds for the operation of the Office on Aging due to the increasing number of older persons.
2. The Commissioner of administration on aging should be elevated to Assistant Secretary.
3. The government must promulgate programs to provide home health care for everyone, particularly for long term illnesses.
4. A home health plan to minimize the need to institutionalize a loved one.
5. Home health care costs should be reimbursed by Medicare to encourage more patients to receive medical attention at home instead of in the hospital.
6. Continue granting federal aid for mobile intensive care units [MICU's] in New Jersey.
7. Work for passage of Senator Bill Bradley's long-term proposal, S. 1244, which would provide medical and social services to persons in their homes. Under this bill, many kinds of assistance would be available—such as housekeepers, homemaker-home health aid, respite care services, and adult day care. This bill would reduce unnecessary placements in nursing homes or other institutions and create a more humane approach to home health care for the elderly—all at a lower cost to taxpayers than the present system.
8. Work for passage of the Senator Bill Bradley and Senator Packwood Bill S. 861 which will establish a home health care program that will provide for a reimbursement of expenses, including Visiting Nurse Care and homemaker services.
9. Do away with age discrimination in employment and permit persons to keep on working as long as they are physically able and capable of performing their assigned duties.

Respectfully,

JOHN SZYMBORSKI, *President.*

COMMUNITY SERVICES, INC. OF OCEAN COUNTY,
SAINT ANDREWS UNITED METHODIST CHURCH,
Lakewood, NJ, March 14. 1984.

Hon. MATTHEW J. RINALDO,
House of Representatives,
Select Committee on Aging,
Washington, DC.

DEAR MR. RINALDO: Thank you for your invitation to present testimony to the field hearing in Elizabeth on March 19, 1984. I regret I shall be unable to be present due to a previous commitment but I am offering my comments on The Reauthorization of The Older Americans Act.

As you are aware, I am the president of ADONAS, The Association of Directors of Nutrition and Aging Services in New Jersey. I am also Director of Congregate Nutrition, Meals on Wheels and Social Services Programs in Ocean County since January 1974.

1. I urge continuation of separate authorizations for congregate nutrition services, home-delivered nutrition services and supportive services. The current 20% transfer provision allows for considerable flexibility to meet special local situations.

2. I urge the continuation of the voluntary contributions for program income allowing the participant to maintain his/her dignity and eliminating considerable administrative costs associated with income disclosure, subsequent investigation and additional paper work.

3. I urge that states, area agencies and service providers be required to maintain effective outreach and give priority to meeting the needs of low income, minority, seriously impaired, isolated and limited English speaking older persons.

4. The aging population is increasing and so is the number of vulnerable elderly. The costs for services continues to increase. The authorization level should increase at least sufficiently to keep up with rising costs.

5. Community Service Employment for Older Americans (Title V) can be an effective way of using low income older workers to expand the resources and services of programs serving the elderly. The worker finds meaningful work as a contributing member of society even as services are being enhanced. The stress should be to provide employment, as well as training, for the most needy to perform otherwise unfunded but essential tasks.

Thank you for your continued concern for the elderly and your labors on their behalf.

Faithfully,

HARRY B. ZANE, *Executive Director.*

FARLEY TOWERS TENANTS ASSOCIATION,
Elizabeth, NJ, March 12, 1984.

MATTHEW J. RINALDO,
Select Committee on Aging,
U.S. House of Representatives,
Washington, DC.

DEAR MATT: I plan to be at your meeting to be held Monday March 19, 1984 in Elizabeth, New Jersey, with several tenant association members.

Urgent help is needed for diabetics and heart patients who must have tests every four or six weeks—means $32.00—$100.00 each visit to doctors.

So many necessary medical items are not under—medicare or Blue Cross.

Also, teeth, glasses, the deaf are very hard hit financially averaging $200.00 to $600.00 per hearing aid—plus batteries.

Transportation accommodations have much room for improvement in services. Also, how come—every time we receive a raise in our Social Security checks our monthly rent is raised?

Our ½ fare bus rate is applicable only few hours a day. Why not around the clock?

A list of Doctors' who accept medicare as payment, thank you.

Respectfully submitted,

MARGARET ZUK,
President, Tenant Association.

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